

COUNTY OF AYR



ANNUAL REPORT

BY

THE MEDICAL OFFICER OF HEALTH

For the Year 1956

AND

THE SCHOOL MEDICAL OFFICER

For the Year 1955-56.



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For the Year 1956

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THE SCHOOL MEDICAL OFFICER

For the Year 1955-56.

To the Department of Health for Scotland
and to the Ayr County Council.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the Health of the County of Ayr for the year 1956, together with the Report on the Medical Inspection and Treatment of School Children for the year ended 31st July, 1956.

I am, Ladies and Gentlemen,

Your obedient Servant,

J. A. ROUGHEAD,

Medical Officer of Health.

COUNTY BUILDINGS,

AYR,

JULY, 1957.

STAFF.

Medical Officer of Health, Welfare Officer, and Chief Administrative School Medical Officer—

JOHN A. ROUGHEAD, M.D., D.P.H.

Depute Medical Officer of Health—

JOHN S. JACKSON, M.B., CH.B., D.P.H.

Senior Assistant Medical Officer—

ALICE K. MONTGOMERY, M.B., CH.B., D.P.H., D.R.C.O.G.

Psychiatrist—

K. W. ARON, M.B., CH.B., D.P.M.

Assistant School Medical Officers (also Child Welfare Medical Officers)—

HELEN M. WIGHTMAN, M.B., CH.B., D.P.H.

ENID M. DIXON, M.B., CH.B., D.P.H.

MARGARET C. P. HAMILTON, M.B., CH.B., D.P.H.

JEAN M. DIXON, M.B., CH.B., D.P.H.

JESSIE B. MACLACHLAN, M.B., CH.B., D.P.H.

AGNES M. HIGGET, M.B., CH.B., D.P.H., D.R.C.O.G.

Assistant Medical Officer—Tuberculosis Scheme—

ROBERT WHITELAW, M.B., CH.B., D.P.H.

Chief Dental Officer—

ARNOLD J. DUNCAN, L.D.S.

Assistant Dental Officers—

AGNES N. CARNEGIE, L.D.S.

PETER MCG. GARDNER, L.D.S.

IAN HARVEY, L.D.S.

MALCOLM R. HOOD, L.D.S.

THOMAS H. KERR, L.D.S.

WILLIAM R. MACAULEY, L.D.S. (Resigned 29/1/56).

AGNES J. PURDIE, L.D.S.

MURIEL S. RENFREW, L.D.S.

MONTGOMERY B. SIMPSON, L.D.S.

JEAN B. HUGHES, L.D.S.

ARCHIBALD W. M. WATSON, L.D.S.

THOMAS L. H. WIGHTMAN, L.D.S.

JAMES WILSON, L.D.S.

DENTAL ATTENDANTS—14.

County Nursing Superintendent—

MISS JANET S. HASTIE.

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Matron, Residential Nursery, Irvine—

MISS N. G. LEES.

Matron, Residential Nursery, Kilwinning—

MISS HELEN GRANT.

Matron, St. Leonard's Home, Ayr—

MRS. ELSIE J. HEATH (Resigned 2/7/56).

MISS MARGARET CLEMENT (Appointed 20/8/56).

Assistant Welfare Officer—

STANLEY H. JOHNSTON, A.I.S.W., Certificate in Social Welfare.

Audiometrician—

MISS JEAN B. THOMSON.

Home Helps Organiser—

MRS. MARGARET RAMSAY.

Acting Psychiatric Social Workers—

A. S. KELLOCK, A.M.I.A.

HILDA MCGINIS, M.A.

Clerical Staff—

Chief Clerk—J. B. HANNAH, A.C.I.S.

Other Clerical Staff20

BURGH OF AYR.

School Medical Officer—

R. L. LEASK, M.B., CH.B., B.SC. (P.H.), D.P.H., D.P.A.

Assistant School Medical Officer—

A. G. SKED, M.B., CH.B., D.P.H.

School Nurses—

7 PART-TIME NURSES.

Clerical Staff—

1 PART-TIME CLERK.

BURGH OF KILMARNOCK.

School Medical Officer—

B. R. NISBET, M.D., F.R.C.P. (ED.), D.P.H.

Assistant School Medical Officer—

G. FIDES M. BRAID, M.B., CH.B., D.P.H., D.R.C.O.G. (Left 24/6/56).

DAVID H. PATERSON, M.B., CH.B., D.P.H., D.R.C.O.G.

(Commenced 2/7/56).

School Nurses—

8 PART-TIME NURSES.

Clerical Staff—

1 PART-TIME CLERK (Left 15/5/56).

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH.

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County Medical Officer's Report

1956.

A.—VITAL STATISTICS.

Population and Area.—The Registrar General has estimated the population of the Landward Area and Small Burghs to middle of 1956 as 244,361. This figure is 2,134 more than his estimate for 1955.

Births.—The live births registered after correction for transfers were 4,462, equivalent to a birth rate of 18·3 per thousand of population, as compared with 18·0 for the preceding year. The figure for Scotland was 18·5. The rates for previous years are :—

1926-30—Average Birth-rate	...	...	...	...	18·5
1931-35	„	„	...	...	18·6
1936-40	„	„	...	...	18·2
1941-45	„	„	...	...	18·1
1946-50	„	„	...	...	19·7
1951-55	„	„	...	...	17·9
1956 —Birth-rate	...	...	...	...	18·3

The number of still-births registered after correction for transfers during the year was 108, giving a rate of 24 per thousand total births, the same as the rate for Scotland. The number of still-births registered for a number of years past, with the corresponding rates per thousand total births, are as follows :—

	<i>Still-Births.</i>	<i>Rate per Thousand Total Births.</i>
1941-45—Average	... 153	41
1946-50	... 130	27
1951-55	... 104	24
1956	... 108	24

The details applicable to individual Burghs are given in Table II.

Deaths.—The deaths registered after correction for transfers were 2,769, which is equivalent to a death-rate of 11·3, as

compared with 11·5 in 1955. The Scottish figure was 12·0. The following are the figures so far as they are available for preceding years :—

1916-20—Average	Death-rate	...	...	...	...	14·6
1921-25	„	„	...	...	...	11·5
1926-30	„	„	...	...	...	11·2
1931-35	„	„	...	...	...	12·5
1936-40	„	„	...	...	...	12·8
1941-45	„	„	...	...	...	12·1
1946-50	„	„	...	...	...	11·3
1951-55	„	„	...	...	...	11·6
1956 —	Death-rate	...	...	...	...	11·3

Tables I., II. and III. show the mortality in the County Area and Burghs during the year, and Table IV. gives similar figures of deaths at different ages with the percentages of the total deaths.

Infantile Mortality.—The number of infants under one year who died during the year was 140, equivalent to an infantile mortality rate of 31, as compared with 28 during the preceding year. The following are the figures for previous years so far as they are available:—

1916-20—Average	Infantile	Mortality-rate	...	...	94
1921-25	„	„	„	...	89
1926-30	„	„	„	...	74
1931-35	„	„	„	...	73
1936-40	„	„	„	...	71
1941-45	„	„	„	...	63
1946-50	„	„	„	...	39
1951-55	„	„	„	...	32
1956 —	Infantile	Mortality-rate	...	...	31

Of the total deaths 82 (59 per cent.) occurred during the first week of life and 92 (66 per cent.) within the first four weeks.

The main causes of death were congenital malformations 30 (21 per cent.), pneumonia 13 (9 per cent.), injury at birth, etc., 36 (26 per cent.), and other diseases peculiar to early infancy 34 (24 per cent.).

Deaths from Infectious Diseases.—The deaths which occurred from the ordinary infectious diseases were cerebro-spinal fever 1, typhoid fever 1, acute Poliomyelitis 1, whooping-cough 1.

Deaths from Tuberculous Diseases.—The deaths from respiratory and other forms of tuberculosis were 16 and 2 respectively, giving death-rates of 0.065 and 0.007. The corresponding figures for the previous year were deaths 25 and 3, and death-rates 0.103 and 0.012. The following are the average death-rates so far as they are available :—

		<i>Respiratory Tuberculosis.</i>	<i>Other forms of Tuberculosis.</i>	<i>Total.</i>
1916-20—Average	...	0.79	0.44	1.23
1921-25	..	0.52	0.28	0.80
1926-30	..	0.45	0.24	0.69
1931-35	..	0.38	0.19	0.57
1936-40	..	0.36	0.13	0.49
1941-45	..	0.37	0.17	0.54
1946-50	..	0.33	0.09	0.42
1951-55	..	0.15	0.04	0.19
1956 —Death-Rate		0.06	0.01	0.07

Deaths from Pneumonia.—There were 38 deaths from pneumonia, including 5 of the newborn, equivalent to a death rate of 0.16. During the previous year the deaths were 49, equal to a death rate of 0.20. The following are the average death rates from pneumonia since 1931 :—

1931-35 (Average) ...	0.67	1946-50 (Average) ...	0.34
1936-40 (Average) ...	0.63	1951-55 (Average) ...	0.27
1941-55 (Average) ...	0.46	1956	0.16

Deaths from Other Diseases of the Respiratory System.—There were 106 deaths recorded from this group of diseases, which includes all the diseases of the organs of respiration except pneumonia and pulmonary tuberculosis. These figures are equivalent to a death rate of 0.43, as compared with 0.45 in the previous year.

Deaths from Influenza.—The deaths due to influenza numbered 12, giving a death rate of 0.05. During 1955, the deaths were 17 and the death rate 0.07. The following are the average death rates from influenza since 1931 :—

1931-35 (Average) ...	0.48	1946-50 (Average) ...	0.08
1936-40 (Average) ...	0.28	1951-55 (Average) ...	0.08
1941-45 (Average) ...	0.08	1956	0.05

Deaths from Cancer.—The deaths from cancer were 451, which is equivalent to a death rate of 1.85, as compared with 1.63 in the previous year.

The following are the average death rates from cancer for a number of years:—

1931-35	...	...	...	1.28	1946-50	...	...	...	1.63
1936-40	...	...	...	1.48	1951-55	...	...	...	1.72
1941-45	...	...	...	1.58	1956	...	...	...	1.85

Cancer of the Lung.—This group includes primary malignant neoplasms of trachea, bronchus and lung. There were 38 deaths from this cause—33 being males and 5 females. The youngest male was 25 years; the oldest 83 years. The greatest number (12) was in the 55 to 65 age group. The occupations of the cases were as varied as the places of residence.

AGE GROUPS.

	25-	30-	35-	40-	45-	50-	55-	
Males.....	1	—	—	3	2	4	7	
Females	—	—	—	—	—	—	1	
	60-	65-	70-	75-	80-	85+		<i>Total.</i>
Males.....	5	4	3	1	2	1		33
Females	1	—	1	2	—	—		5

Deaths from Diseases of the Nervous System.—This group of diseases, which includes such causes as cerebral haemorrhage, apoplexy, etc., accounted for 505 of the deaths occurring in the area, being a death rate of 2.07, as against 2.04 in the preceding year.

Deaths from Diseases of the Digestive System.—The deaths were 98, equivalent to a death rate of 0.40, the same rate as in the preceding year.

Deaths from Diseases of the Circulatory System.—The number of deaths ascribed to diseases of the heart and other organs of circulation was 1,118, giving a death rate of 4.58, as compared with 4.85 in the previous year.

Deaths from Diseases and Accidents of Pregnancy and Parturition.—There were 7 maternal deaths during 1956, which represents a rate of 1.5 per 1,000 births (live and still). The rate for Scotland as a whole during that year was 0.5. The average maternal mortality rates for the County during the period 1931 to 1955 were as follows:—

1931-35 (Average) ...	6.2	1946-50 (Average) ...	1.4
1936-40 (Average) ...	4.7	1951-55 (Average) ...	0.3
1941-45 (Average) ...	2.4		

B.—LOCAL HEALTH AUTHORITY FUNCTIONS.

(1) Care of Mothers and Young Children.

(a) **Expectant and Nursing Mothers.**—The County Council provides a nurse and the premises for eight ante-natal and post-natal clinics in various centres in the County—the Doctor being provided by the Regional Hospital Board. All patients attending these clinics are booked for hospital, but a general practitioner may refer cases if he so desires. In addition, clinics are held at the Maternity Hospital, Irvine, by the Consultant Obstetrician.

The following are the figures relating to Ante-Natal Clinics in the form required by the Department of Health :—

	<i>Ante- Natal.</i>	<i>Post- Natal.</i>
(1) Number of Clinics at end of the year provided by the Local Health Authority	— 8 —	—
(2) Number of Clinics at end of year provided by voluntary bodies ...	Nil	Nil
(3) Number of women who attended the Clinics during the year ...	1270	272
(4) Total number of attendances made by women during the year ...	7405	272

(b) **Care of Unmarried Mothers.**—The provision of guidance and help to unmarried mothers was continued throughout the year.

Assistance was extended to 73 girls by the Welfare Visitor who paid, in all, 180 visits to their homes.

The nature of the help given can be seen from the following figures. Several cases fall into more than one category :—

	<i>No. of Instances.</i>
(1) Advice in obtaining decree of affiliation and aliment against the father of the child ...	51
(2) Advice regarding legal adoption	28
(3) Help in finding suitable accommodation for the child where it was necessary for the mother to work	14
(4) Advice regarding entitlement and help in obtaining allowances from the Ministry of National Insurance, National Assistance Board, etc.	13
(5) Help in finding suitable employment	2
(6) General advice	84

Supply of Maternity Outfits.—1,250 maternity outfits were supplied during the year to mothers for domiciliary confinement.

(c) Prevention of Break-up of Families.—The families, where break-up of the home is threatened by lack of parental care, are visited constantly by the District Nurse, when help, advice and instruction are given.

The families, where break-up of home is threatened by ill-health or by the admission of the mother to hospital, are supplied with Home Helps at very low cost or even free.

To assist the prevention of break-up of families where the mother is either temporarily or permanently the bread-winner, children under five are accommodated in the Nurseries at low financial cost. The mother is encouraged to take the children home at the week-ends or whenever she is free and so continue the family life in the home as much as possible.

(d) Child Welfare.—The Local Authority provides 42 Child Welfare Clinics at various Centres in the County. New Clinics were opened at Bellsbank and Dundonald Camp. The majority of these are held weekly by the District Nurses, with the attendance of an Assistant Medical Officer every fortnight. A list of these Clinic premises is given in Table X.

The following are the statistics relating to Child Welfare Clinics in the form prescribed by the Department of Health :—

(1) Number of Clinics provided at the end of the year by the Local Health Authority ...	42
---	----

(2) Number of Clinics at end of the year provided by voluntary bodies	—
--	---

(3) Number of children attending the Clinics during the year and who on the date of their first attendance this year were—

Under 1 year of age	5,633
Over 1 year of age	2,213

(4) Total number of attendances made during the year by children who at the time of attendance were—

Under 1 year of age	41,829
Over 1 year of age	12,847

(e) **Care of Premature Infants.**—There is no special provision made for the domiciliary care of premature infants, but liaison with the hospital is extremely close and all premature infants can be admitted without delay.

(f) **Distribution of Welfare Foods.**—To serve the County Area welfare foods are distributed from Centres in 53 towns and villages. Beneficiaries living some distance from a distribution centre can, however, by writing to the County Medical Department, have supplies sent to them by post.

During the years 1955 and 1956 the uptake of welfare foods throughout the County was:—

				<i>Uptake.</i>	
				1955.	1956.
National Dried Milk ...	...	...	...	119,169	118,234
Cod Liver Oil ...	...	...	...	29,404	27,948
Vitamin "A" and "D" Tablets ...				7,398	8,008
Orange Juice ...	...	...	...	113,186	128,821

(g) **Dental Care.**—In one area of the County we have been without a Dentist for the whole of the year 1956, but in spite of this the returns compare favourably with those of 1955.

At the Clinics attention is drawn to the fact that the foundations of the teeth are laid down during pregnancy (a fact which is not sufficiently known), and it is essential during this period that the mother should have an adequate diet and a healthy mouth, both in her own interest as well as that of her child.

It is considered that the presence of fluoride in the water supply has a beneficial effect on the teeth, and in this connection it will be interesting to study the figures of the Kilmarnock experiment when they issue a report of their statistics and conclusions.

EXPECTANT AND NURSING MOTHERS—

Number of Patients Examined	...	...	...	731
Number of Patients requiring Treatment	...	...	...	437
Number of Patients accepting Treatment	...	...	...	124
Number of Patients Treated	...	...	...	121
Dentures	...	...	...	68
Fillings	...	...	...	124
Extractions	...	...	...	112
Dressings	...	...	...	197
Scalings	...	...	...	18

PRE-SCHOOL AGE CHILDREN—

Number of Children Examined	...	...	...	64
Number of Children requiring Treatment	...	...	...	41
Number of Children accepting Treatment	...	...	...	30
Temporary Teeth Extracted	...	...	...	24
Dressings	...	...	...	5
Gum Treatment	...	...	...	7

(h) **Other Provisions.**—There are two residential nurseries in the County, one at Irvine and the other at Kilwinning. These nurseries are primarily provided for children of unmarried mothers or mothers who have to go out to work because they are the bread-winners of the family.

(2) Use of Clinic Premises by General Practitioners and Hospital Board Personnel.

The policy of the County Council is to allow their Clinic premises where ever possible to be used by Regional Hospital Board Medical Staff and by General Practitioners.

Clinics are used in this way at Annbank, Ayr, Beith, Cumnock, Dalry, Drongan, Girvan, Irvine, Kilbirnie, Kilwinning, Largs, Maybole, Patna, Saltcoats and Troon.

(3) Midwifery.

The Domiciliary Midwifery Service undertook the care of 1,293 patients during 1956, as well as giving a great deal of service during the puerperium of patients dismissed early from hospital. All Nurses are trained in administering gas and air, and are equipped with Minnitt apparatus. Up to date, Nurses have not been given training in the administration of Trilene, as it is not proposed in the meantime to replace the comparatively new Minnitt apparatus with Trilene Inhalers.

The following are the statistics regarding Midwifery, including those prescribed by the Department of Health :—

(1) (a) Total number of Births occurring in the area during year—that is before correction for mother's residence—

Live Births	...	...	...	4,368
Still-Births	...	...	...	117
TOTAL				4,485

(2) Total number of Births occurring in Institutions (including private maternity homes) ... 3,192

(3) Total number of Births occurring at home—

Live	...	...	...	...	1,277
Still	...	...	...	...	16
TOTAL				...	1,293

The following table shows the number of Births in Hospital and at Home over the past five years :—

				<i>Hospital.</i>	<i>Home.</i>
1952	...	...	...	2,911	1,126 (28 per cent.).
1953	...	...	...	2,926	1,288 (31 per cent.).
1954	...	...	...	2,893	1,308 (31 per cent.).
1955	...	...	...	2,980	1,328 (31 per cent.).
1956	...	...	...	3,192	1,293 (29 per cent.).

A survey was made of 310 domiciliary maternity cases selected at random.

The age of the mother at her first confinement and the number of pregnancies are shown in the following tables :—

<i>Under 20 Years.</i>	<i>20-25 Years.</i>	<i>25-30 Years.</i>	<i>Over 30 Years.</i>
95	155	45	15

<i>1st Pregnancies.</i>	<i>2nd Pregnancies.</i>	<i>3rd Pregnancies.</i>	<i>4th Pregnancies.</i>	<i>5th or Later Pregnancies.</i>
50	90	70	40	60

A high percentage of the 60 having at least a fifth had to be transferred to hospital on account of complications. This would bear out the modern theory that this type of "dangerous multipara" should not be booked for home confinement.

In considering the birth weights of the babies, 125 were between 7 and 9 lbs. ; 40 were 9 or more lbs. ; and only 10 were under 5½ lbs., which places them in the category of premature babies.

In the cases surveyed, 115 had their first confinements at home, while 195 chose a hospital confinement for their first.

In 93 cases in this survey the doctor was present at the confinement, and in some only being required for stitches. Forty-five cases had to be transferred to hospital because of complications. Ten cases were booked for domiciliary confinement despite the opinion of the nurse that their homes were unsuitable.

The District Nurses paid more than six ante-natal visits to 200 of these patients, sometimes paying eight or nine visits per patient.

During the puerperium 50 per cent. of the mothers fed their babies artificially, while the remainder started breast feeding and were breast feeding at nurses' last visit on the tenth day after confinement. Only 24 per cent. of the mothers breast fed their babies for more than one month.

(4) Number of Births in (3) classified to show nature of attendance at birth—

	Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947.				Other Domiciliary Cases.			
	Doctor Engaged and Present at Confinement.	Doctor Engaged and not Present at Confinement.	Midwife Alone (no Doctor Engaged).	Doctor and Midwife Engaged	Midwife alone (no Doctor Engaged)	Without Doctor or Midwife	All Other Cases.	Total.
(a) Midwives Employed by the Authority (including those engaged on a fee-per-case basis)	380	875	38	—	—	—	—	1,293
(b) Midwives Employed by Voluntary Organisations under arrangements made by the Authority	—	—	—	—	—	—	—	—
(c) Midwives Employed by Hospital Boards of Management under arrangements made by the Authority with the Regional Hospital Board	—	—	—	—	—	—	—	—
(d) Private Practising Midwives ...	—	—	—	—	—	—	—	—
(e) Other Cases	—	—	—	—	—	—	—	—
TOTALS	380	875	38	—	—	—	—	1,293

(5) Medical Aid—

(a) No. of cases in which medical aid was summoned during the year by a Midwife and a fee was payable by the Local Health Authority under Section 14 (2) of the Midwives (Scotland) Act, 1951	None	}	380
(b) No. of cases in which medical aid was summoned during the year by a Midwife where the Medical Practitioner had agreed to provide the patient with Maternity Medical Services under the National Health Service (<i>i.e.</i> , cases for which no fee was payable by the Local Health Authority).....	380		

(6) Administration of Analgesics—

(a) No. of domiciliary Midwives in the area qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board for Scotland—		
(1) No. in (a) employed on local Health Authority work)...	70	
(2) No. in (a) not employed on local Health Authority work	—	
	—	70
(b) No. of domiciliary Midwives who received their training during the year... ..	Nil	
(c) No. of sets of apparatus for the administration of gas and air in use in the area at 31/12/56—		
(1) No. in (c) in use by domiciliary Midwives employed on Local Authority work (including those in use by Hospital Midwives undertaking domiciliary cases...	45	

(2) No. in (c) in use by domiciliary Midwives not employed on Local Health Authority work	—	45
(d) No. of sets on order at 31/12/56 (three in stock)	Nil	
(e) No. of cases in which gas and air was administered by Midwives in domiciliary practice during the year (including cases attended by Hospital Midwives undertaking domiciliary cases)—		
(1) When Doctor was not present at delivery	269	
(2) When Doctor was present at delivery	109	
	—	378
(f) No. of cases in which pethidine was administered by Midwives in domiciliary practice during the year (including cases attended by Hospital Midwives undertaking domiciliary cases)—		
(1) When Doctor was not present at delivery	458	
(2) When Doctor was present at delivery	177	
	—	635
(7) No. of Cars in use by Midwives at 31/12/56 (including one privately-owned by District Nurse)	50	

Additional Information—

Institutional Births—

Ayrshire Central Hospital, Irvine	2,188
Kilwinning Maternity Home	816
Davidson Hospital, Girvan	111
Greystones Nursing Home, Prestwick	76
Cuninghame Home, Irvine	1

(4) Health Visiting.

Routine health visiting of all children under five has been carried out at regular intervals during 1956 by the District Nurses. The visiting of tuberculous patients in their own homes has been undertaken by a special staff of four Health Visitors.

(Members of the Medical Staff gave six lectures on Health Education to various Organisations in the evenings during 1956.)

The following are the number of visits paid by Health Visitors during the year :—

	<i>Number Visited.</i>	<i>Total Visits.</i>
*Expectant Mothers	—	—
Infants	6,908	35,762
Children (1-5 years)	16,673	47,929
Tuberculosis Patients... ..	1,754	4,339
Other Cases	770	3,709

*All visits in this category were paid by Health Visitors/ Midwives who attended the confinement. The total number of visits was 39,303.

(5) Home Nursing.

Home Nursing is carried out by a staff of District Nurses, but has not included any special provision for the nursing of sick children. The type of work which has been done by Nurses in 1956 is domiciliary midwifery, care of mothers and babies during the puerperium of patients dismissed early from hospital, general care of old people, administration of insulin and antibiotics, child welfare clinics, school clinics and school inspections and health visiting. It is not possible to estimate to what extent Nurses were asked to make special visits to give injections in 1956. This varies very much from area to area. In some areas the Doctors ask the Nurses to give very few injections, while in others the Nurses are asked to give a very large number of injections.

(1) Number of cases attended by District Nurses
in their capacity as Home Nurses 6,698

(2) Number of visits paid by Nurses to these cases... 130,667

The number of elderly patients (those aged 65 years or over) included in the former figure was 2,334. The total number of visits paid to these elderly patients was 74,861.

Nurses' Homes and Clinics.—The following premises have been completed :—

Catrine	Nurse's House and Clinic.	Occupied 4/2/57.
Mauchline	Clinic	Occupied 17/1/57.
Muirkirk	Nurse's House and Clinic.	Occupied 5/11/56.
Newmilns	Nurse's House and Clinic.	Occupied 1/12/56.

The following have been approved and progress is indicated :—

Ardrossan	..	...	Clinic	...	...	...	Site obtained and plans prepared. (Delayed meantime.)
Ballantrae	...	...	Nurse's House	...	...	...	Foundation laid.
Cumnock	...	...	Nurse's House and Clinic.	...	...	...	Nearing completion.
(Netherthird).							
Dalmellington	...	...	Nurse's House and Clinic.	...	...	...	Nearing completion.
Fairlie	...	...	Nurse's House	...	...	...	Foundation laid.
New Cumnock	...	...	Child Welfare Clinic	...	...	...	Tenders accepted.
Prestwick	...	...	Clinic	...	...	...	Site obtained. (Delayed meantime.)
Tarbolton	...	...	Nurse's House and Clinic.	...	...	...	Site obtained.

(6) Domestic Help Scheme.

Under the Council's Home Help Scheme which has been operating throughout the County since October, 1949, domestic assistance is given in circumstances of household difficulty owing to illness, old age or confinement. The numbers of households which have benefited from the Scheme during the past years have been as follows :—

1949.....	85	1953.....	697
1950.....	388	1954.....	728
1951.....	524	1955.....	806
1952.....	695	1956.....	878

At 31st December, 1956, the number of Home Helps employed was 301, and the number of families served 382. A table showing the areas in which these families resided and the duration of help given is appended. The number of hours' attendance is carefully adjusted to actual need and varies from six hours to forty-eight hours weekly. The average is twenty-two hours weekly.

Of the 878 cases dealt with in 1956, 626 were on account of chronic sickness (including aged and infirm cases) and 101 on account of confinement.

It will be observed from the table provided that at the end of the year the duration of help to 217 households (56 per cent.) exceeded one year and to 24 households (6 per cent.) exceeded five years.

AYR COUNTY COUNCIL—HOME HELP SERVICE.

NUMBER OF CASES DEALT WITH DURING 1956 AND DURATION OF CASES SERVED AT END OF YEAR.

District.	No. of Cases at 31/12/55.	No. of Cases Supplied with Helps during Year.	No. of Cases Completed during Year.	No. of Cases at 31/12/56.	Duration of Cases Served at end of Year.					Between 3 and 6 Months.	Less than 3 Months.
					Over 5 Years.	Between 3 and 5 Years.	Between 2 and 3 Years.	Between 1 and 2 Years.	Between 6 Months and 1 Year.		
Anbank.....	2	1	1	2	—	—	—	1	—	—	1
Androssan.....	15	29	25	19	1	2	5	2	4	—	4
Auchinleck.....	8	9	5	12	—	4	1	3	—	2	2
Ayr Landward.....	2	1	2	1	—	—	—	1	—	—	—
Beith.....	24	26	26	24	4	—	3	6	—	3	3
Catrine.....	3	9	3	9	—	2	—	1	4	2	—
Cumnock.....	6	12	10	8	—	1	—	3	2	—	—
Cumnock.....	3	3	2	4	—	—	—	2	2	—	—
Dalmellington.....	20	14	15	19	6	2	4	2	3	2	1
Dalry.....	—	3	2	1	—	—	—	—	—	—	1
Darvel.....	2	4	2	4	1	—	—	—	2	1	—
Dreghorn/Springside.....	1	—	—	1	—	—	—	1	—	—	—
Drybridge.....	1	1	1	1	—	—	—	—	—	—	—
Dundonald.....	1	2	2	1	—	—	—	1	—	—	—
Dunlop.....	1	4	—	5	—	—	—	1	—	—	—
Fenwick.....	11	10	7	14	2	4	1	3	1	—	3
Gaiston.....	7	6	3	10	1	1	2	2	3	—	1
Girvan.....	11	10	13	8	—	—	1	1	—	—	4
Hurlford.....	31	43	46	28	—	6	3	8	—	2	2
Irvine.....	17	17	16	18	2	4	3	3	3	1	7
Kilbirnie/Glengarnock.....	5	1	2	4	—	1	1	2	—	—	3
Kilmaurs/Crosbrough.....	14	18	18	14	2	2	2	4	—	—	—
Kilwinning.....	27	50	50	27	1	5	2	3	5	3	2
Largs.....	9	22	16	15	—	4	1	2	2	4	—
Maybole.....	9	6	7	8	—	1	—	2	1	—	2
Mauchline.....	10	11	9	12	1	3	1	1	4	—	—
Muirkirk.....	9	2	3	8	—	2	2	3	1	—	—
New Cumnock.....	9	6	4	11	—	3	—	3	2	—	3
Newmillis.....	2	10	9	3	—	—	—	—	—	—	—
Patna.....	21	48	54	15	1	1	1	4	3	1	4
Prestwick.....	20	63	60	23	—	2	1	7	5	—	8
Salcoats.....	4	16	10	10	1	—	1	2	1	1	4
Stevenston.....	6	6	6	6	—	—	—	2	—	—	2
Stewarton.....	2	2	2	2	—	1	—	—	—	1	—
Tarbolton.....	23	46	44	25	1	6	—	8	2	—	4
Troon.....	12	19	21	10	1	1	1	3	1	2	—
West Kilbride.....	—	—	—	—	—	—	—	—	—	—	—
TOTALS.....	348	530	496	382	24	62	45	86	60	20	70

(7) Vaccination and Immunisation.

(a) **Vaccination.**—With the cessation of compulsory vaccination, the practice of infant vaccination has become much neglected, and though smallpox does not often appear in this country nevertheless when it does there is invariably a high proportion of deaths among those affected, mainly in those who have not been protected.

To bring to notice the importance of primary vaccination in infancy a letter is circulated to the parents of all unvaccinated children who have attained the age of three months. This measure is supplemented by the display of posters at the Child Welfare Clinics and the advice of the District Nurses, Health Visitors and Clinic Doctors.

Details of vaccinations notified during the year are as follows :—

	<i>Primary Vaccinations.</i>	<i>Re- Vaccinations.</i>
(1) Typical Vaccinia greatest at 7th to 10th Day... ..	1,989	136
(2) Accelerated (Vaccinoid) Reaction (5th to 7th Day)	4	88
(3) Reaction greatest at 2nd to 3rd Day	8	173
(4) No Local Reaction	115	89
	2,116	486

Of the 2,116 persons who received primary vaccination, 1,281 were children born in 1956 and 668 were children born in 1955.

Of the total number of primary vaccinations 607 were carried out by the Local Authority's Medical Staff.

(b) **Diphtheria Immunisation.**—Every effort is made to maintain and improve the level of immunisation among pre-school and school children.

A circular letter is issued to the parents of all babies who have reached the age of six months explaining the benefits and protection which immunisation will confer, together with a stamped addressed card inviting their agreement to this procedure. The vital importance of protective inoculation is further stressed by poster display and medical and nursing advice.

In the case of those children who have not been inoculated by the time they have reached one year, a further letter is sent to the parents advising them to have their children protected. Again a stamped addressed card is enclosed for their consent.

The practice has been to combine diphtheria with whooping cough protection, and the County Council supplies the combined vaccine free of charge to general practitioners. A fee of 7/6 is payable to them on completion of the course consisting of three injections.

School children during their first year may receive either two injections of diphtheria vaccine if they have not been protected in infancy or a single booster injection if they have. Consent forms are issued to the schools, for distribution to parents, for this purpose. It is not considered necessary to use the combined vaccine at this age.

Of the total number of children inoculated, 4,679 were performed by the Local Authority's Medical Staff.

DIPHTHERIA IMMUNISATION.

	<i>New Inoculations.</i>	<i>Maintenance Inoculations.</i>
Pre-School Children	2,984	—
School Children	623	3,096
TOTALS	3,607	3,096

(c) **Whooping Cough Immunisation.**—A minority of infants receive whooping cough vaccine only. This procedure involves a course of three injections and may be followed by a course of two injections against diphtheria. The whooping cough vaccine is supplied free to private practitioners and a fee of 2/6 per injection is paid in respect of children inoculated during their first year.

During 1956, 2,801 children were immunised against whooping cough. This compares with 2,626 in the previous year.

(d) **Poliomyelitis Vaccination.**—In accordance with instructions issued by the Department of Health, parents of all children born between 1st January, 1947, and 31st December, 1954, were

advised of the protective value of the new Poliomyelitis vaccine and invited to complete a consent form for the purpose of registration. There were approximately 18,659 school children and 17,038 pre-school children concerned. Of these, consent was given in the cases of 14,096 school children (76%) and 9,013 pre-school children (53%), giving an over-all percentage of 65.

Selected age groups from registered children were given an initial injection at the beginning of May and a final injection towards the end of that month when sufficient supplies of the vaccine became available. In addition, a certain number of new groups received an initial injection from the surplus. All further injections were suspended during the period June to October.

When the campaign was resumed in December an effort was made to cover that group of children who received initial injections in June. Of these 73 could not be completed for various reasons. The surplus vaccine was again used to give first injections to a new group. In all, 2,720 children received a full course of two injections and 152 a single injection. In all these instances no abnormal reaction was reported to this department.

(8) Prevention of Illness, Care and After-Care.

(a) **Tuberculosis.**—There were notified 171 case of pulmonary tuberculosis and 24 of non-pulmonary tuberculosis. Excluding cases temporarily resident in the area and cases not confirmed, the new cases belonging to the area who came under notice during the year were 168 of pulmonary tuberculosis and 17 of non-pulmonary tuberculosis.

Pulmonary Tuberculosis.—Of the 168 new cases of pulmonary tuberculosis 89 were males and 79 were females. 91 per cent. (153) of these cases received institutional treatment during the year.

The notifications for the years 1951-55 inclusive were 194, 159, 180, 168 and 166.

Including cases notified in previous years, 212 patients were admitted to Hospitals and Homes during 1956 as follows :—

Ayrshire Central Hospital, Irvine	...	...	...	109
Heathfield Hospital, Ayr	...	...	...	53
Glenafton Sanatorium, New Cumnock	...	...	...	30
Kaimshill Children's Hospital, Kilmarnock	...	...	...	13
Mearns Kirk Hospital, Newton-Mearns	...	...	...	1
Southern General Hospital, Glasgow	...	...	...	2
Robroyston Hospital, Glasgow	...	...	...	2
Gateside Hospital, Greenock	...	...	...	1
Hawkmoor Sanatorium	...	...	...	1

There were 16 deaths, of which 6 occurred in Institutions.

Non-Pulmonary Tuberculosis.—The 17 new cases of non-pulmonary tuberculosis are classified as follows, according to the localisation of the disease :—

	No. of Cases.
Superficial Lymphatic Glands... ..	1
Bones and Joints	6
Meninges	6
Genito-Urinary Organs	4

Including cases notified in previous years 21 patients were admitted to Hospitals and Homes during 1956 as follows :—

Ayrshire Central Hospital and Glenafton Sanatorium	9
Mearns Kirk Hospital, Newton-Mearns	6
Robroyston Hospital, Glasgow	2
Heathfield Hospital, Ayr	1
Phillipshill Hospital, Busby	3
	<hr/>
	21
	<hr/>

There were 2 deaths, both in Institutions.

Preventive Care and After-Care.—There are four Tuberculosis Nurses, a part-time Welfare Officer and a Clerkess engaged in the Council's Preventive Care and After-Care Service. Although on the staff of the Medical Officer of Health, all these are centred at the Area Chest Clinics and work under the direct supervision of Dr. J. T. Boyd, Area Supervising Tuberculosis Physician, with whom a close liaison is maintained.

Hospital Accommodation.—Dr. Boyd states that the total number of beds provided for adults in Ayrshire, including the two large Burghs, is 304 (140 for males and 164 for females), and that there are 32 beds for children suffering from primary infections. At no time during the year has the waiting-list given rise to concern.

B.C.G. Inoculation Scheme.—The B.C.G. Inoculation Scheme for children approaching school-leaving age, begun in 1953, has continued throughout the year, with the exception of the holiday period. As in previous years, children of approximately 13 years were selected as the most suitable group for this purpose.

The details of the Scheme were circulated to parents of all the children concerned and consent was obtained in a large majority of cases. This group received a preliminary injection into the skin of the forearm in order to demonstrate whether or not they had acquired a degree of immunity to tuberculosis by natural means. Those showing no reaction two days after the initial injection were given B.C.G.

During the year the total number who came under consideration was 5,660. Of these, 4,731 (83.5%) were available for testing by the consent of their parents. Due to absence and other factors, 4,367 were actually Mantoux tested. A positive response was given by 700 (16%). A negative reaction was obtained in 3,486 (80%) instances and these were subsequently inoculated with B.C.G. The remaining 181 (4%) represent children who were Mantoux tested but were absent for the reading.

A retesting survey was made towards the end of the school session 1955-56, when all routine testing had been completed for that particular school session. The survey was concerned with a selected group of children born in 1940 and inoculated with B.C.G. during 1953-54. The number retested was small (73), but of these only one had failed to be converted to the positive state.

Statistics for the year 1956, in the form required by the Department of Health, are :—

	<i>Tuberculin Tested.</i>		<i>Negative Re-actors.</i>		<i>Vaccinated during 1956</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
(1) Nurses	—	53	—	27	—	31
(2) Medical Students	—	—	—	—	—	—
(3) Contacts	275	303	225	242	186	192
(4) Special Groups not included in (1) to (3) above—						
(a) School-leavers ...	—	—	—	—	—	—
(b) New Born Babies	5	9	5	9	5	9
(5) 13-year-old Group	2135	2241	1690	1805	1689	1797
(6) Others	3	11	1	5	1	5

Domiciliary Treatment.—Cases suitable for treatment at home or awaiting admission to hospital were visited by the Tuberculosis Nurses, who paid 4,339 visits to 1,754 cases.

These Nurses also give advice to patients regarding National Insurance and National Assistance entitlements, and grants from voluntary organisations.

Mass Radiography.—The Mobile Mass Miniature Radiography (Lanarkshire) Unit visited the County Area from 3rd September to 18th October. During that period 4,328 individuals were examined. Seven cases of active pulmonary tuberculosis were revealed and 21 cases found to be requiring further observation.

The Unit's time was divided equally between the North, Central and Southern parts of the County. In the main, attention was given to factories and schools in these areas. In the South, Glengall Hospital was included in the survey and a special public session was held in Dailly, where there was a very encouraging response, due in no small measure to the publicity work carried out beforehand. The following is an analysis of the survey :—

Number Examined	...	...	...	...	4,328
Number referred for Large Films	...	...	...	...	205
Number who did not re-attend	...	...	...	...	—
No abnormality detected	...	...	...	...	89
Abnormality not significant and no further action necessary—					
Tuberculous	...	...	...	...	51
Non-Tuberculous...	...	...	...	...	31

Significant Abnormalities—

Lesions probably Tuberculous—

For Treatment	...	...	...	...	7
For Observation	...	...	...	...	21
Lesions probably Non-Tuberculous	...	...	...	...	2
Cardio-Vascular	...	...	...	...	4
Refused Further Investigation	...	...	...	...	Nil
Number Examined Clinically	...	...	...	...	48

Supply of Milk.—The number of free milk vouchers issued was 600, covering some 13,500 gallons of milk at an approximate cost of £3,600.

Bed and Bedding.—Complete outfits of bedstead and bedding were issued on loan to 5 patients; 6 patients were granted articles of bedding only.

	<i>On Loan at 31/12/55.</i>	<i>Issued 1956.</i>	<i>With- drawn 1956.</i>	<i>Written off.</i>	<i>Remaining on Loan at 31/12/56.</i>
Bedsteads.....	44	5	3	—	46
Mattresses.....	48	7	—	3	52
Blankets.....	53	19	—	25	47
Sheets.....	42	22	—	22	42
Pillows.....	17	8	—	5	20
Pillow Cases.....	26	22	—	9	39

Housing.—Many Housing Authorities within the County made an effort to re-house patients suffering from Pulmonary Tuberculosis of a communicable type. This preventive measure greatly minimises the spread of infection to other members of the family.

(b) Epileptics and Spastics.

Epileptics.—There are 52 children who suffer from epilepsy of the petit mal type. Of these 46 are of average intelligence and attend ordinary schools, 6 are mentally handicapped and are attending special schools.

Thirty children have major epilepsy. Three are accommodated in Bridge-of-Weir Colony and are mentally handicapped though educable; another in this category is resident at St. Elizabeth's School, Much Hadham, Herts. Four children are ineducable mental defectives accommodated in Institutions and a further four are at home. Thirteen attend ordinary schools and five attend special schools.

Known adult epileptics number 52. Of these three are in the Colony at Bridge-of-Weir, and one is in Cuninghame Home, Irvine.

The remaining 48 are at home and are receiving treatment from their own doctors. In 10 of these the mental condition is described as being below par or poor.

This Authority has adopted Schemes under Sections 29 and 30 of the National Assistance Act, 1948, which will provide for the welfare of spastics and epileptics among other groups of handicapped persons. Until these Schemes are made effective such cases are dealt with as they arise. This includes advice, direction to

appropriate agencies, arrangements for training and admissions to treatment centres. There is a small number of epileptic cases in the Colony at Bridge-of-Weir, and from time to time suitable cases are admitted to Anton House, Broughty Ferry, a training centre for handicapped girls. Close contact is maintained with the District Rehabilitation Officers of the Ministry of Labour to ensure that epileptics and spastics and other handicapped persons are employed in suitable capacities.

Spastics.—A fairly comprehensive list of spastic cases affecting children of school age and under has been compiled from several sources—(a) the School Medical Records, (b) Orthopaedic case lists, (c) District Nurses, and (d) Register of Handicapped Children.

There are approximately 97 children in the County area who suffer in varying degree from cerebral palsy. These can be divided into different categories as follows :—

Forty-three spastic children whose intelligence is sufficiently unimpaired (though their physical handicaps vary widely) attend ordinary schools.

Of those who are mentally or physically handicapped to such a degree as to require education in Special Schools, 20 are accommodated within the County (including 2 resident pupils at St. Leonard's Home), 6 are resident in Special Schools outwith the County, 1 receives tuition at home on account of severe physical disability, 2 are under observation at home until a final assessment can be made, and 1 is in hospital. There are five known spastics among the pre-school children.

There are 26 ineducable spastic children, 4 are in Certified Institutions and 22 are at home. Some of these are on the waiting-lists for admission to suitable institutions.

Information regarding the incidence of adult spastics is far from complete. Cases reported by the District Nurses indicate that there are at least 44 cases. Of these, 22 are classed as severely handicapped either mentally or physically or both, and are incapable of working, 5 are affected to a moderate degree but cannot work or cannot find suitable employment. The remaining 7 mild cases are working.

A close liaison exists between the Medical Department and the local Orthopaedic Specialists. Practically all spastic children are under their supervision and, where necessary, are referred to them by the School Medical Officers for further physical assessment and treatment. Speech therapy can be undertaken at the request of the specialist for any of these cases which are considered suitable by the Organiser of the Child Guidance Service. Information regarding Intelligence Assessments is made available if desired.

Physiotherapy is arranged by the Orthopaedic Specialists and regular sessions are held at various Centres in the County, these being in three instances Local Authority Clinics loaned to the Regional Hospital Board for this and other purposes.

(c) **Convalescent Home Provision.**—This Local Authority does not maintain any convalescent home in its area. The only existing arrangement with a voluntary organisation is with regard to the Saltcoats Mission Coast Home to which an annual donation is made by the Local Authority and in return two subscribers' lines are given each year for the admission of suitable cases selected by the County Medical Officer.

(d) **Chiropody.**—The Service which began in January, 1955, has developed to the extent that a second full-time Chiropodist was required. She was appointed in August of this year. With this increase in staff it has been possible to open up new areas. As before the Service is restricted to those old people in the community who would not otherwise be able to receive that attention to their feet which is necessary for their welfare. To enable the Chiropodists to give attention to as many patients as possible, they operate at fixed Clinics belonging to the County Council, and where these do not exist at premises made available by local organisations. In the early months it was possible to attend a considerable number of patients who were unable to leave their homes, but as commitments increased this number has had to be curtailed in the interests of those attending the Clinics. The Service is free and has had increasing demands made upon it until now both Chiropodists are working at full capacity.

As new areas have been served the principle of close association with the local Old People's Welfare Associations and, in certain circumstances, with local branches of the Red Cross has been maintained. Representatives from these organisations have been of great help in advising of the needs of their areas and by attendance at the Clinic sessions. Local Doctors and Nurses also refer suitable cases for appointment.

A register of patients who have received an initial treatment is kept and each receives a card in which the date and time of the next visit is marked. As far as possible the various Clinics are held at fixed intervals.

Regular Clinics are held in the undernoted areas and regular visits paid to the County's Old People's Homes. When possible a minimum number of domiciliary cases received treatment.

<i>Burghs.</i>	<i>Districts.</i>		<i>Old People's Homes.</i>
Ardrossan.	Auchinleck.	Hurlford.	Birkenward.
Cumnock.	Beith.	Irvine.	Lainshaw.
Irvine.	Colmonell.	Kilbirnie.	Largs.
Kilwinning.	Cumnock.	Kilmaurs.	Nether
Maybole.	Dalry.	Kilwinning.	Auchendrane.
Prestwick.	Dreghorn.	Mauchline.	
Saltcoats.	Dundonald.	Monkton.	
Stevenston.	Dunlop.	Muirkirk.	
Stewarton.		Patna.	
Troon.		Tarbolton.	
	Annbank Clinic	Mossblown.	
		Annbank.	

During the year the Chiropodists attended 1,592 patients and gave 4,123 treatments.

The local branches of the Red Cross Society have continued to organise and maintain a Chiropody Service for old people in two areas of the County. These are (a) Galston, Newmilns and Darvel, and (b) Largs.

In each instance an annual monetary grant is made to the Society by the County Council; in Galston, where there are Local Authority Clinic premises, these are put at their disposal free of charge.

The professional work is carried out by qualified Chiropodists practising in those areas. They attend the Clinic sessions and also treat domiciliary cases who are unable to leave their homes.

The costs are met by small voluntary contributions from the patients, supplemented by local voluntary donations. The latter account for slightly less than 50% of the total expenditure.

A liaison exists in the Irvine Valley area between the Red Cross and the respective Old People's Welfare Committees, but in Largs all aspects of the work are undertaken by members of the Red Cross. In both areas cases are referred by the local Doctors who issue patients with a signed official card.

During the year 1,795 treatments were given to 272 patients in the Valley area, and 567 treatments to the patients in the Largs district.

(9) Control of Infectious Diseases.

During the year a localised outbreak of bacillary dysentery occurred in the Fenwick area, beginning about the middle of October and continuing until the middle of December. In all, 36 cases were officially notified.

From information supplied by the local doctor an investigation was made, and it appeared that a possible source of infection might be the milk supply, which was a common factor in the first batch of cases. The milk supply was accordingly diverted for heat treatment at the local creamery, and an alternative supply was arranged. Cases continued to be reported intermittently over the next few weeks, but it was considered that these were due to secondary infection from established cases to susceptible contacts.

There was a very obvious slackening of incidence from the beginning of November, only 3 cases occurring during that month. A final case was notified on 4th December.

An unusual occurrence was reported from Ballochmyle Hospital, Mauchline, concerning two cases admitted on 12th and 13th October suffering from severe jaundice, which was suspected to be due to Weil's Disease. The first case was a farmer, aged 54 years, who was admitted in coma and died two days later. He had been ill for two weeks prior to admission. The post-mortem examination revealed an acute massive liver necrosis. No blood specimen was taken.

The second case was a miner with similar symptoms. He also died a few days after admission to hospital, but in this case a blood specimen was taken. The test was negative for *leptospira icterohaemorrhagiae* and *L. canicola*.

These two cases originated from widely separated areas of the County and there was no contact between them. The nature of their occupations and their symptoms were strongly suggestive of infection of Weil's Disease, but this was not established bacteriologically.

Incidence of Non-Notifiable Infectious Diseases Occurring in Institutions.—Between 7th May and 20th June, 14 cases of Measles were removed to Ayrshire Central Hospital, Irvine, from the Residential Nursery, Irvine. These cases were all children in the Nursery and 8 males and 6 females were notified.

A minor outbreak of Measles occurred at Southannan Nursery School, Fairlie, when 9 cases were notified, 3 males and 6 females. The cases occurred between 29th October and 14th November, and were removed to Ayrshire Central Hospital, Irvine.

Three cases of Measles from Cuninghame Home, Irvine, were notified during April. Two males and one female were removed to Ayrshire Central Hospital, Irvine.

An outbreak of Measles and German Measles occurred at Hazeldene Children's Home, Kilwinning. During May, 4 cases (2 males and 2 females) of Measles were removed to Ayrshire Central Hospital, Irvine. Between 20th July and 20th August 8 cases (2 males and 6 females) of German Measles were notified and removed to hospital. Two female cases of Chickenpox were also removed to hospital from Hazeldene Home during May.

Between 2nd and 31st July, 7 male cases of Chickenpox occurred at Seafeld Residential School, Ardrossan. All were admitted to Ayrshire Central Hospital, Irvine.

Nine cases of Measles (6 males and 3 females) were removed to hospital from the Residential Nursery, Kilwinning. These cases occurred between 20th February and 14th March.

Measles, German Measles and Chickenpox are not normally notifiable in this County, but those cases occurring in Institutions are reported and invariably admitted to Ayrshire Central Hospital, Irvine.

(a) **Diseases Notified under the Infectious Disease (Notification) Act, 1889, and subsequently confirmed.—**

Smallpox and Cholera.—No case occurred of either disease.

Diphtheria (including Membranous Croup).—There were no cases of Diphtheria during the year. This is the fifth year in succession that such has been the case.

The following are the cases and the deaths since 1943 :—

<i>Cases.</i>	<i>Deaths.</i>		<i>Cases.</i>	<i>Deaths.</i>	
1943.....	420	11	1950.....	1	—
1944.....	343	6	1951.....	1	—
1945.....	277	5	1952.....	—	—
1946.....	190	1	1953.....	—	—
1947.....	40	5	1954.....	—	—
1948.....	17	—	1955.....	—	—
1949.....	7	1	1956.....	—	—

Erysipelas.—The number of cases was 20, compared with 7 in 1955. There were no deaths.

Scarlet Fever.—During the year there were 128 cases of Scarlet Fever, compared with 120 in the previous year.

Seven cases of Scarlet Fever occurred at Ashgrove Children's Home, Maybole, a Glasgow Convalescent Home, between 9th and 19th November. Six of these cases were inmates of the Home and the seventh was a daughter of a member of the domestic staff.

Typhus Fever.—No case was reported.

Enteric Fever (including Typhoid and Paratyphoid Fever).—There were 3 cases of Typhoid Fever notified, compared with 1 case in 1955.

Seven cases of Paratyphoid occurred in contrast to eight cases in 1955.

Two deaths occurred among the Typhoid cases. These were due to Toxic Myocarditis following the primary infection. Both occurred in women in advanced years. In one instance the patient had been removed to a general hospital for treatment of a gall bladder condition, but was subsequently transferred to an infectious diseases hospital. The source of infection in this case was not unearthed but in the second fatal case the fact was established that she had worked up till the time of her illness as a domestic help in the home of a known carrier.

The source of infection of the remaining Typhoid case who survived was not discovered. There was no connection whatever with the other two.

The Paratyphoid cases showed connections between some of the cases. In one instance, where an adult daughter resided with her mother, it was found that the mother was a carrier of S. Paratyphi B. and, though in good health, her recent history revealed that she had been ill a year before with an illness suggestive of Paratyphoid Fever.

The other group concerned three generations of the same family. The original case appeared in the mother of a child aged 1 year. Investigation of contacts produced positive results in this child and in her grandmother. The original case was in hospital for two months, the others three and four months. In the case of the grandmother a negative bacteriological result was not obtained.

Relapsing and Continued Fever.—No cases of Continued Fever occurred. There were no cases in the previous year.

Puerperal Sepsis.—No cases occurred. One case was notified in 1955. The following are the cases and deaths since 1935, in five-yearly periods :—

	Cases.	Deaths.		Cases.	Deaths.
1935-39.....	56	25	1950-54.....	5	1
1940-44.....	73	26	1955.....	1	—
1945-49.....	44	1	1956.....	—	—

(b) **Diseases Notified in Terms of Regulations of the Department of Health and subsequently confirmed.**—

Puerperal Pyrexia.—Four cases were notified. During the previous year there was one case.

Cerebro-Spinal Fever.—Twelve cases occurred, one of which was fatal. These figures compared with 14 cases and 2 deaths in the previous year.

Poliomyelitis.—During the year there were 17 cases of Poliomyelitis—11 males and 6 females were confirmed. Seven cases had paralysis and ten were diagnosed as suffering from the disease by clinical and bacteriological findings, but did not have paralysis. There was 1 death, a male aged 35 years. The original diagnosis was altered in 9 cases. These figures compared with 21 confirmed cases in the previous year, of which there were 14 with paralysis, including 1 death, and 7 without paralysis.

In November a case of Poliomyelitis was reported as having been removed from a minesweeper of the Reserve Fleet, which had just put in to Troon Harbour for lay-up.

The case was confirmed the same day and had to be put in an iron lung on account of respiratory paralysis. He died a few hours afterwards.

Permission was requested from the Captain to proceed that evening (29th November) to the Naval Depot, Chatham, where the bulk of the crew were due for discharge. Permission was granted in view of the fact that they intended to travel *en bloc* in a reserved part of the train and would proceed direct to the Depot, where further instructions would be given.

A small maintenance crew required to be dealt with. Since no facilities existed aboard for their accommodation and maintenance, prior arrangements had been made by the agents for their reception in lodgings in Troon. A nominal roll was prepared and the Office-in-Charge advised to report any illness among the men during their stay as soon as possible. They were kept under surveillance for three weeks.

Instructions were issued to the Warships Production Superintendent, Glasgow, regarding civilians who might be employed in preparing the vessel for lay-up. During all these arrangements, close liaison was maintained with the shore-based Naval Medical Officer, Gareloch, who was responsible for the area.

An unusual feature which occurred among the Poliomyelitis cases concerned a brother and sister, aged 3 years and 2 years, who sickened within one week of each other. They were admitted to hospital and found to be suffering from non-paralytic Poliomyelitis. Both made an uneventful recovery and were discharged in four weeks. Neither had been inoculated. These children lived in dairy premises, the father and mother being local retailers. The milk is supplied to the dairy partly as bottled T.T. certified and partly in bulk for pasteurisation on the premises. An up-to-date plant is installed. In these circumstances the parents were allowed to continue their employment. These two children had been in contact with a boy of 10 years who had been infected with non-paralytic Poliomyelitis six weeks previously. He resided nearby, where his parents had a home bakery.

The distribution of cases in 1956 was :—

LANDWARD AREA.

Auchinleck	1	Kilnaurs.....	1
Barleith, Hurlford.....	1	Mauchline.....	1
Barr.....	1	Muirkirk.....	1
Dalry.....	1	Tarbolton.....	1

SMALL BURGHS.

Ardrossan.....	2	Prestwick.....	2
Cumnock.....	1	Troon.....	1
Newmilns.....	3		

The age grouping is shown in the following table :—

	<i>Under</i> 1	1-5	5-10	10-15	15-25	25-35	35-45	45-65	65 +
Male...	1	3	1	2	1	2	1	—	—
Female	—	3	1	1	—	1	—	—	—

Seasonal incidence :—

January	1	October ...	5
August.....	5	November ...	2
September	4		

The following are the cases and deaths since 1945 :—

	<i>Cases</i>	<i>Deaths</i>		<i>Cases</i>	<i>Deaths</i>
1945.....	4	—	1951.....	11	1
1946.....	2	—	1952.....	7	1
1947.....	87	3	1953.....	21	1
1948.....	6	1	1954.....	41	3
1949.....	15	1	1955.....	21	1
1950.....	42	7	1956.....	17	1

Major outbreaks of Poliomyelitis occurred in 1947, when there were 87 cases and 3 deaths, and in 1950, when there were 42 cases and 7 deaths.

Dysentery.—There were 89 cases notified during the year, compared with 120 in the previous year.

A small outbreak of Sonne Dysentery occurred in the Residential Nursery, Kilwinning, between 30th January and 3rd February. Eight cases, including a Nurse, were notified. The children, 3 males and 4 females, were removed to Ayrshire Central Hospital, Irvine, and the Nurse sent home for treatment by her own Doctor. Three negative specimens were obtained before the Nurse was allowed back to duty.

Encephalitis Lethargica.—No case occurred of this rare disease. The last case notified was in 1934.

Ophthalmia Neonatorum.—There were no cases during the year. There were no cases the previous year. One case occurred in 1954 with no loss of vision. The number of cases of this disease coming under notice has been maintained at a very low figure in recent years. The highest number in any year was 43 in 1933. In the last six years the incidence has been 3 in 1950, 1 in 1951, 1 in 1952, 2 in 1953, 1 in 1954, and none in 1955.

Acute Influenzal and Acute Primary Pneumonia.—The numbers were of the former 11 and of the latter 240. During the previous year the numbers were 4 and 241 respectively.

Malaria.—One case occurred, compared with 4 cases in 1955.

Infective Jaundice.—This disease did not occur.

Whooping Cough.—There were 252 cases notified during the year, compared with 22 in the previous year.

Though the number of notified cases of Whooping Cough would appear to be much in excess of the previous year, it is evident from information received from several sources that the severity of the illness is much reduced and the duration considerably

curtailed in immunised children. It is the practice in this County to use almost exclusively the combined Diphtheria-Pertussis vaccine. A proportion of General Practitioners are in the habit of indicating on the notification form submitted by them whether or not the patient has been immunised, and indicating the degree of severity.

The number of children who received protection during the year was 2,791.

Food Poisoning.—Three cases occurred since this disease became notifiable in August this year.

(10) Mental Health Service.

(a) **Lunacy Cases.**—The authorised Officers, appointed as approved by the Secretary of State, dealt with 70 admissions to the Mental Hospital during the year (males 20, females 50).

(b) **Mental Patients under Guardianship.**—Besides being visited at least twice yearly by or on behalf of the Authorised Officer, boarded-out mental patients are visited quarterly by Medical Officers on behalf of the Local Authority, and they are, moreover, periodically visited by Medical Commissioners from General Board of Control, usually once annually.

The following are particulars of County Mental Patients in the care of Private Guardians as at 31st December, 1956 :—

IN PRIVATE GUARDIANSHIP.

<i>Where Boarded.</i>	<i>With Relatives.</i>	<i>With Strangers.</i>	<i>Totals.</i>
Mental Defectives—			
Within the County	22	7	29
Outwith the County... ..	3	11	14
In Care of Officers of the Welfare Home, Ayr, and the Cuninghame Home, Irvine	—	18	18
Certified Lunatics—			
Within the County	2	—	2
Outwith the County... ..	2	—	2
Totals at 31st December, 1956	29	36	65
Totals at 31st December, 1955	30	35	65

(c) **Dr. Aron, County Psychiatrist**, reports as follows :—

(i) **Psychiatric Consultations—**

Cases referred for opinion to Psychiatrist with a view to certification or other disposal ...	24
Cases certified under Mental Deficiency or Lunacy Acts	10
Cases referred to Psychiatric Out-Patient Clinics ...	3
Cases admitted to Epileptic Colony	1

(ii) **Care and After-Care Cases—**

Referred from Mental Hospitals and Mental Deficiency Institutions, Social Welfare Department or otherwise referred for supervision during the year	44
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Liaison thus continues to be maintained with Hospital Services of the Regional Hospital Board concerned with Mental Hospitals and Mental Deficiency Institutions, and after-care provided by the Local Authority in cases where this is considered necessary and practical. Cases referred through the Social Welfare Department where after-care was provided by the Psychiatrist and Social Workers are discussed separately below.

Included in the above figure are also a certain number of cases of mental handicap or emotional disturbance originally seen in the course of child guidance work which are followed up for a time after they reach school-leaving age with a view to promoting their continued satisfactory progress.

(iii) **Miscellaneous Cases** 3

These cases were referred from various sources, *e.g.*, General Practitioners, Children's Department, Probation Officers. They were usually dealt with by referral to the appropriate agency which caters for them, *e.g.*, Psychiatric Out-Patient Clinics, Marriage Guidance Clinic, Officers of the Ministry of Labour.

(iv) **Educable Mental Defectives who have Left School.—**

Seven cases were notified to the Local Authority by the Education Authority under Section 57 of the Education (Scotland) Act, 1946, during the year under review. These cases are in the first instance dealt with by the Social Welfare Department whose District Officers in the various areas pay follow-up visits and do further social case work if necessary with a view to ensuring adjustment within the community. Occasionally behaviour, employment or other problems arise in some cases when they leave school or at

some later point in their lives. They are then referred to the County Psychiatrist for an opinion by the Social Welfare Department, Ministry of Labour or other agency. Where indicated action is taken, *e.g.*, in the way of advising these agencies or of further case work by the Psychiatrist's Social Workers or else a recommendation of residential treatment may be made. The numbers concerned are included in those already mentioned under (i), (ii) and (iii) above according to the method of disposal.

(v) **General.**—The continuing shortage of beds for mental defectives of most categories remains our most serious problem, and one made all the more distressing in view of the fact that while we are usually the agency which is normally approached in the first instance concerning any case requiring admission, the provision of hospital facilities has been outwith the scope of the Local Authority Health Service since 1948. There are now some signs, however, that the hospital authorities are becoming aware of the urgency of the problem and taking some action, and it is understood that the Western Regional Hospital Board has plans for the establishment of a mental deficiency hospital in the Ayrshire region. We must hope that this will take place within the not too distant future. In the meantime the Local Authority has to use various methods within the scope of its powers which will provide at least some temporary relief to the patient, his relatives, or both. The part played in the Occupation Centres in this respect has already been described above; in other cases it is felt that the relative or relatives of an ineducable defective (usually the mother of a very restless and destructive type of child) should be given, at least temporarily, a greater degree of relief from the burden of continuous care than that which would normally be given by the Occupation Centre. Occasional admission for short periods to the Residential Nurseries at Kilwinning and Irvine has therefore been provided for a small number of cases. This is obviously much more of a make-shift solution than either permanent occupation centre attendance or institutional care, though it gives the parent or relative a genuine "break" for a short time. Its possibilities from the point of view of numbers and also from other considerations are, however, obviously limited.

Another aspect of the work is really an integral part of the Child Guidance Service but falls technically under the duties of the Psychiatrist and his staff in relation to the mental health work of the Local Health Authority. This is the ineducable child normally referred through the usual child guidance channels. This work comprises not only the initial diagnosis but also the efforts which are made to keep in touch with these cases for as long as the parents feel the need for advice, information and discussion of

problems in the handling of such a child. This is important both from the child's point of view and from the point of view of maintaining the parents' morale as well as increasing their understanding of the condition and the ways in which they themselves can help the child. It is thus not the policy of this Department to leave these cases to their own devices once diagnosis and possible disposal have been decided upon. It is precisely the absence of basic curative measures in the present state of knowledge as distinct from help, relief and guidance that make the latter so important. Much of this work is done by the two Social Workers through case visits at regular intervals as well as through the issue of suitable pamphlets and literature which explain to parents the nature of the condition as well as presenting in simple language the various ways in which they can help.

Other activities of the County Psychiatrist concern the general mental health as well as the education in the principles of mental health of the communities which constitute this Local Authority. Thus from time to time various lay bodies and organisations request talks on mental health topics. Contact is also maintained with the local Mental After-Care Association, which is a voluntary body in this field. A Marriage Guidance Clinic was established in Ayr during the year under review by voluntary initiative but with the support of the Local Authorities concerned and the County Psychiatrist was asked to serve on its Executive Committee as well as on a Sub-Committee dealing with the education of the public in matters of marital adjustment. A similar liaison is maintained with the Family Planning Association.

(11) Work under Nurseries and Child-Minders' Regulations Act.

No applications for registration under the above Act were received during the year. No licences were in force at the end of the year.

C.—PORT HEALTH ADMINISTRATION.

Seaports.—No special problems arose in connection with the administration of the Public Health (Ships) (Scotland) Regulations, 1952, at Ardrossan, Irvine and Troon. In no case was it necessary to detain a ship.

None of our three seaports is approved for the issue of deratisation certificates.

Airport.—At Prestwick Airport the work of the Port Medical Officer and the Medical Inspector of Aliens was carried out as in previous years.

The Medical Centre at Prestwick Airport has continued to function during the year. The premises are provided and equipped by the Ministry of Civil Aviation, and are staffed by four Nursing Sisters appointed by the County Council and responsible to the County Medical Officer for the execution of their duties.

These duties include attendance on injured passengers following accidents, the welfare of employees of the Ministry of Civil Aviation, certain port health duties and the care of sick passengers who may be referred to them.

The Centre is provided with a few beds for the accommodation of cases who may require nursing attention for a brief period prior to arrangements being made for more adequate disposal.

The Nursing Sisters reside in the Centre and one at least is on duty at any time during the 24 hours. Minor injuries and illnesses are dealt with in the treatment room of the Medical Centre and transport is available should their services be required on the apron or elsewhere in the Airport.

There were no accidents involving aircraft during the year.

Prestwick Airport.

RETURN OF TREATMENTS GIVEN BY AIRPORT NURSES FOR THE YEAR 1956

	<i>Medical</i>	<i>Surgical</i>	<i>Burns</i>	<i>Eyes</i>	<i>Ears.</i>	<i>Misc.</i>	<i>Total.</i>
January ...	35	65	2	4	—	1	107
February ..	87	32	2	9	2	—	132
March.....	12	42	8	7	—	6	75
April.....	10	62	1	16	3	6	98
May.....	39	112	19	43	9	11	233
June.....	49	87	37	65	17	69	324
July.....	46	113	7	14	5	30	215
August.....	75	145	2	5	3	16	246
September.	90	118	1	17	4	10	240
October....	48	86	15	13	2	13	177
November.	74	114	21	24	2	14	249
December .	125	114	8	18	3	4	272
TOTALS.....	690	1,090	123	235	50	180	2,368

The work of the Medical Officer includes the organisation and control of the Medical Centre, the execution of the relative terms of the Public Health (Aircraft) (Scotland) Regulations, 1952, and the Aliens Order, 1953, and the supervision of welfare arrangements for employees of the Ministry of Civil Aviation.

During the year 7,621 civil and military aircraft arrived at Prestwick Airport. The passengers disembarking totalled 70,592 and 198,129 landed in transit to other places.

Prestwick Airport, 1956.

<i>Month.</i>	<i>No. of Aircraft.</i>	<i>Passengers Disembarking.</i>	<i>Passengers in Transit.</i>
January.....	426	4,200	8,234
February.....	371	3,816	6,073
March.....	532	4,415	14,405
April.....	653	5,858	17,274
May.....	603	6,993	13,184
June.....	804	10,513	20,955
July.....	775	9,023	24,882
August.....	733	6,552	20,929
September.....	775	5,377	23,527
October.....	678	4,261	14,837
November.....	631	4,011	15,934
December.....	640	5,573	17,895
TOTALS.....	7,621	70,592	198,129

D.—FOOD SUPPLY.

(1) Milk (Special Designations) (Scotland) Orders, 1951 and 1952.

Supplies of Certified and Tuberculin Tested milk produced in the County were sampled regularly throughout the year with the following overall result :—

<i>Designation.</i>	<i>No. of Samples.</i>		<i>No. of Producers with</i>					
	<i>Taken.</i>	<i>Failing</i>	<i>1 Failure.</i>	<i>2 Failures.</i>	<i>3 Failures.</i>	<i>4 or more Failures.</i>	<i>3 Consecutive Failures.</i>	<i>4 or more Consecutive Failures.</i>
Certified	254	50	8	6	3	5	1	Nil
Tuberculin Tested	9452	1200	417	192	90	32	32	3

Fifty fewer Certified samples were taken than in 1955, the reason being that three of the thirty-two producers holding Certified licences discontinued bottling arrangements altogether, while several others found that a reduced demand for their product resulted in by far the greater part of their supplies being marketed in bulk as Tuberculin Tested milk, an unfortunate trend indeed.

The number of Tuberculin Tested samples taken was also lower than the 1955 total by some three hundred, partly due to economies in the use of official transport which rather restricted the system of sampling at Creameries during the latter part of the year and partly because no fewer than thirty-three farms went out of production in the course of the year.

Producers holding Tuberculin Tested licences at 31st December, 1956, numbered 1,486.

The incidence of failures, namely, 12·9%, was exactly the same as the preceding year and something of a disappointment in view of the cool climatic conditions experienced during the so-called summer months.

As was to be expected such a summer did not bring about any sensational increase in the number of farms equipped with mechanical means of milk cooling ; nevertheless, a word of praise is due those twenty-three producers who discarded the outmoded system of cooling by public or private water supplies and installed mechanical refrigeration plant, bringing the number so equipped to 355. It is appreciated that, for the greater part of each year, the required temperature of 60° Fah. for Tuberculin Tested milk can be met by water cooling, provided the supply is plentiful ; unfortunately, however, the need for efficient cooling is greatest during summer when mains water is often above 60- Fah. and when private supplies have to be used sparingly.

In the course of the year seven producers' Tuberculin Tested licences were suspended and one, which had been under suspension, was revoked. A further producer, whose Tuberculin Tested licence was also under suspension and who had failed to improve on his unsatisfactory methods, went out of production on being advised of the Local Authority's proposal to revoke his licence.

On this point I would like to emphasise that, here in Ayrshire, the powers given to the County Council under the Milk (Special Designations) (Scotland) Orders have been exercised very sparingly, the punitive measure of suspension or revocation being used only in extreme cases, where the all-out effort necessary to remedy matters is not being made. This is borne out by the fact that, on five other licence-holders being reported to the Health

Committee, the gravity of the situation was so obviously appreciated by the producers concerned that more effort and co-operation were immediately forthcoming and the decision to suspend was, therefore, not taken.

The total number of farm visits made by Milk Officers was 2,647, a much lower figure than had been anticipated when the year began and attributable in part to the loss of a Milk Officer's services for a period of six months, coupled with the transport economies already mentioned. The value of milking inspections, even if these did not keep pace with routine examinations of equipment, was again immeasurable since in byre conditions, particularly during winter months, lies the greatest need for improvements; grooming of cows, thorough washing and drying of udders with water frequently changed, rejection of fore-milk into strip-cup, use of covered carrying pails and the wearing of milking coats or overalls by workers are regarded by too many producers as the acme of perfection rather than normal hygienic practice.

In the field of dairy equipment more electric steam raisers made their appearance in dairy sculleries to the exclusion of coal-fired boilers, and in a few instances existing boilers were converted to oil-burning units; milk-lifts continued to be fitted, if rather sparingly, and the very small number of farms where hand-milking is carried out was further reduced by the installation of milking machines in two or three cases.

Pasteurised Milk.—Supplies of Pasteurised milk from the five pasteurising plants in the County were sampled at weekly intervals.

Of 385 samples taken 9 failed to satisfy the required tests, 3 samples at one plant showing the presence of coliform bacilli, while the remaining 6, taken from two plants, failed to pass the phosphatase test; the latter, incidentally, reflected unfavourably on the processing on three separate days only, since two samples of the treated milk were tested in each case.

Milk-in-Schools Scheme.—With the exception of four schools in the Carrick district who still receive Tuberculin Tested milk from local suppliers, the distribution of school milk throughout the County was undertaken by four pasteurising depots, three of which are licensed by the County Council and have official samples of their outgoing milk tested weekly. A satisfactory bacteriological check was, therefore, kept on the scheme in general.

Only one official complaint was received, namely, from a headmaster who had observed what appeared to be dust or ash

in some of the bottles of milk; despite enquiries both at the school and at the creamery concerned, where excellent precautions are observed, no explanation could be offered.

All told, some 46,200 bottles of school milk were distributed daily to 164 schools.

Biological Examination of Milk.—The sampling and testing for Myco. Tuberculosis of Certified and Tuberculin Tested milk retailed as such had once again to be discontinued very early in the year, with the result that a mere 11 samples (5 Certified and 6 Tuberculin Tested) were examined.

No positive results were obtained.

Scottish Milk Testing Scheme.—The objects of the Scheme, namely, the detection and disposal of milk supplies clearly unfit for the liquid market and, secondly, the improvement in keeping quality and chemical quality of milk supplies generally are admirable.

With participation by distributing depots and creameries being more or less on a voluntary basis, however, it must be appreciated that only part of the County's milk production is involved and the following summary of results should be construed accordingly :—

<i>Year.</i>	<i>Daily Platform Test Failures.</i>	<i>Weekly Resazurin Test Failures.</i>	<i>No. of Producers involved in Four or more W.R.T. Failures.</i>
1954	160	27	Nil
1955	497	134	6
1956	126	22	1

Even allowing for the fact that notifications were received from nine creameries, as against eleven in previous years, it would seem that the vast improvement in results was due in no small measure to weather conditions when recalling that the summer months of 1954 and 1956 were cool and wet, whereas in 1955 the temperature during July and August ranged from 64° to 82° Fah.

Strangely enough a disappointing feature of the scheme is the failure or unwillingness of distributors to notify the Local Authority of those consignments of milk arriving at their premises at a

temperature of over 65° Fah., the sole notification received during 1956 relating to the milk of a very good producer whose direct expansion cooler had broken down and was in the hands of the refrigeration engineers. This may seem rather ironic at first glance but, in my opinion, it amply proves the inadequacy of water cooling to which reference had already been made.

Platform test failures denote the number of consignments or, more specifically, part consignments rejected as being unfit for the liquid milk market on the grounds of abnormal appearance, smell, flavour or acidity; examples of such are the presence of blood from udder or teat injuries, the inclusion of milk from recently calved cows which has not quite returned to normal, taint derived from feeding-stuffs and milk which is simply well on the way to souring.

The amount of milk thus rejected was 1,688 gallons, and in order that this figure may be regarded in its true perspective, let me hasten to add that it represents 0·004% of the forty-two million gallons produced by Ayrshire farmers during 1956.

(2) Ice Cream.

The administration of the Ice Cream Regulations is fully dealt with by the Sanitary Inspector in his Report.

(3) Meat and Other Foods—Clean Food.

These questions are dealt with by the Sanitary Inspector in his Report.

(4) Food Hygiene.

The Sanitary Inspector deals with this in his Report.

(5) Food Poisoning.

An outbreak of Enteritis, originating on 18th July, 1956, was reported at a Southern Ayrshire Hospital, by the Hospital Administrative Officer on 20th July. The symptoms were of an acute nature, but short-lived, and the infectivity rate high.

An investigation was made immediately, when it was found that 113 patients and 17 staff had been affected. All the material factors were considered and it was decided that suspicion fell on brisket beef which had been consumed a few hours before the outbreak.

The brisket on arrival at the kitchen was immediately put in a boiler and cooked, and thereafter kept in the refrigerator in the kitchen. When cold it was lifted by hand and placed on a slicer and the slices put on plates by hand. All the evidence pointed to infection taking place at this stage, and it was suspected this was a Staphylococcal infection. Accordingly, all members of the staff were swabbed by the Bacteriologist. These results confirmed the original suspicion.

Advice was given to staff concerned regarding measures to be introduced to prevent a future infection.

E.—MISCELLANEOUS.

(1) National Assistance Act, 1948.

Section 21—Residential Accommodation.

The County Council maintains four Homes for old people in the County—Birkenward, Skelmorlie; Lainshaw House, Stewarton; Largs Home, and Nether Auchendrane House, near Ayr. Particulars of admissions to the four Homes are as follows:—

	<i>Birkenward.</i>		<i>Lainshaw</i>		<i>Largs.</i>	<i>Nether Auchendrane.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
No. Admitted during 1956	7	13	7	12	2	8	20
No. Discharges during 1956	4	7	7	11	1	2	2
No. of Beds occupied 31/12/56	5	12	13	20	6	5	18
Total No. of Beds ...	6	14	17	23	6	7	19

At the end of the year all Homes were fully staffed:—

	<i>Supervisor.</i>	<i>Cook.</i>	<i>Maid.</i>	<i>Gardener/ Handyman.</i>
Birkenward	1	1	2	1
Lainshaw House ...	2	1	6	1
Largs Home	1	—	1 <i>part-time</i>	—
Nether Auchendrane	2	1	4	—

In addition, 3 males and 8 females are accommodated in other Authority Homes, and 10 males and 9 females in Voluntary Homes.

Section 29—Welfare Services for the Handicapped.

Blind Persons.—The County Council delegates its functions with regard to the welfare of Blind Persons to the Glasgow and West of Scotland Joint Committee for the Blind.

The report on Domiciliary Blind for the half-year ending September, 1956, shows that 789 Blind Persons were visited in their homes, 252 other visits were paid and 78 lessons in Braille, handicrafts, etc., were given.

The Industrial Rehabilitation Course at Alwyn House, Ceres, was attended by 3 males and 1 female.

Handicraft Classes continued at Centres in Saltcoats and Ayr.

Several persons spent a holiday at the Holiday Home at Dunoon, and there was a successful summer outing to Troon.

Deaf and Dumb Persons.—The care of Deaf and Dumb Persons is delegated to the Ayrshire Mission for the Deaf and Dumb.

Visits to the Deaf and their homes numbered 348 and 50 visits were paid to the sick. The number of known Deaf in the County is 90.

Suitable employment was obtained for the four school leavers. Religious services were held throughout the County. Recreational facilities are provided.

The Crippled, Home-bound and otherwise Disabled.—The number of handicapped persons in the County is not known with certainty, but it is reasonable to assume that the numbers are well in excess of the following which have been brought to notice by Doctors, Nurses, District Officers, etc. :—

<i>Disease.</i>	<i>Sex.</i>	10- 19	20- 29	30- 39	40- 49	50- 59	60- 69	70 +	<i>Total.</i>	<i>Grand Total.</i>
Heart and Blood Vessels.	<i>M.</i>	1	1	1	3	4	7	4	21	—
	<i>F.</i>	1	2	3	—	3	2	13	24	42
Paralyses (Hemi- plegia)	<i>M.</i>	8	6	4	11	13	11	3	56	112
	<i>F.</i>	2	3	6	4	13	12	16	56	
Arthritis ...	<i>M.</i>	—	—	—	1	8	2	4	15	75
	<i>F.</i>	—	—	1	1	20	24	14	60	
Disseminated Sclerosis	<i>M.</i>	—	1	7	3	6	—	—	17	42
	<i>F.</i>	—	2	7	4	9	2	1	25	
Chest Conditions	<i>M.</i>	—	1	—	1	2	11	—	15	16
	<i>F.</i>	—	—	—	—	—	—	1	1	
Diabetes ...	<i>M.</i>	—	—	—	—	—	—	—	—	3
	<i>F.</i>	—	—	—	—	—	1	2	3	
Injuries ...	<i>M.</i>	1	2	3	2	5	2	1	16	17
	<i>F.</i>	—	—	—	—	—	—	1	1	
Others ...	<i>M.</i>	10	2	2	2	6	9	6	37	91
	<i>F.</i>	4	1	5	8	4	3	29	54	
TOTALS ...	<i>M.</i>	20	13	17	23	44	42	18	177	401
	<i>F.</i>	7	8	22	17	49	44	77	224	

In addition, some 366 persons are known to have been supplied with artificial limbs through the Limb and Appliances Centre, Motherwell.

The needs of the Handicapped may be grouped as follows :—

(a) discovery and ascertainment of needs and giving advice,
(b) training in crafts and marketing of products, and (c) the promotion of general welfare and social activities.

The Domiciliary Blind have always been considered separately and not classed with the other Handicapped Persons, but as progress is made it may be possible to bring these two groups more closely together since they have many common interests.

In order to develop the service for the Handicapped, certain key personnel would be required. The Field Welfare Officer's

duties would include the discovery of handicapped persons, paying home visits and ascertaining needs, advising on social services available and organising social centres, classes, recreational facilities, etc. The craft teacher or occupational therapist would teach in homes and to groups at selected centres. The physiotherapist would treat those confined to the house who are suffering from paralytic and arthritic conditions. The County Council has agreed, as a first step, to appoint a Field Worker in order that the size of the problem may be accurately ascertained.

Welfare of the Aged.—There are some 32 Old People's Welfare Committees in the County.

Meals on Wheels are served in Saltcoats, Ardrossan, Kilbirnie and Dalry. The County Council pay one-third of the cost of this service.

Section 21 (1) (b)—Temporary Accommodation.

Temporary accommodation had to be provided for nine families. Eight of these families were evicted ; three from tied farm cottages.

Section 17—Reception Centres.

Accommodation is provided for vagrants at Cuninghame Home, Irvine. During the year 382 males and 21 females were admitted, giving 836 patient days.

Twenty-five Reception Centre cases were accepted and transferred to Part III. Accommodation.

Section 37—Registration of Homes for Disabled Persons.

Haylie House, Largs, and Davidson Home, Girvan, which provide for the care of the aged are registered under the Act.

Section 47—Removals to Suitable Premises of Persons in Need of Care and Protection.

An old woman living alone in Largs and unable to care for herself refused to accept the offer of care and attention in residential accommodation and was compulsorily removed to Part III. Accommodation at Cuninghame Home, Irvine. She was later transferred to the Hospital Section of the Home.

Section 48—Protection of property of Persons admitted to Hospitals and Homes.

Action was taken with regard to four cases, three of which were removed to hospital.

(2) Nursing Homes Registration (Scotland) Act.

There were three registered Nursing Homes, having accommodation for 18 medical, surgical and maternity cases, 22 chronic sick cases, and 22 chronic sick and medical cases respectively.

(3) Health Education.

Dr. Leila Watson, Lecturer for the Scottish Council for Health Education, visited a number of schools in the Northern area of the County for a week at the beginning of March, when she addressed mixed gatherings of children aged 13-15 on various health topics. The subjects were illustrated by film strips and flannel graphs. Eleven schools were visited and approximately 1,600 attended.

During the week she addressed an evening meeting of the parents of children attending a Nursery School; approximately fifty were present, the subject being "Food." A cartoon film on the "Common Cold" was shown after the talk.

Members of the Medical Staff gave talks to various organisations at Kilbirnie on "Food Hygiene," Stevenston on "Public Health," Prestwick on "Accidents in the Home," and Hurlford on "Health Services in Ayrshire."

Numerous leaflets, posters, etc., on many aspects of health are produced by the Scottish Council for Health Education and are available on request. Many of these are used for display and distribution mainly at the Child Welfare Centres.

Advantage is also taken of propaganda material issued by the National Association for the Prevention of Tuberculosis, for general purposes and especially for use in areas which are due to be surveyed by the Mobile Mass Miniature Radiography Unit.

(4) Blood Transfusion.

Two visits were paid by the West of Scotland Blood Transfusion Service to the Saltcoats area during the year. The first, in February, attracted 156 volunteers, of whom 136 gave blood. The second session was in August, when 175 attended and blood was withdrawn from 150. On both occasions the Unit was accommodated in the County Clinic premises at Campbell Avenue.

(5) Accidents in the Home.

During the year 15 accidents in the home were reported by District Nurses—9 males and 6 females were affected. The

greatest incidence was in the 1-2 years age group with 7 cases. The under 1 year group ranked second with 6. The remaining cases involved an 8 months old and a 1 year old. No accident affecting adults was reported.

Scalds and burns together were responsible for 13 of the total cases; there being 10 burns and 3 scalds. The other 2 cases concerned a brooch which was swallowed and a picture which was pulled off the wall by a child in its pram, causing a laceration of the forehead by broken glass.

There were no fatal accidents in this group but 3 were classed as serious, resulting in removal to hospital and in one instance an operation for the removal of a foreign body from the stomach.

Of those accidents which occurred within the house, the living-room or kitchen was the scene of virtually all. The circumstances were distressingly familiar. They included unguarded fires, loose tablecloths, teapots on or at the fireplace, and hot irons within reach. One new feature reported, but the recognised cause of many accidents, was a burst hot water bag which, in all probability, should have been discarded long before on account of the thinning of the rubber.

It cannot be too strongly emphasised that constant care is essential in looking after young children and that the presence of the conditions described above invites disaster. Young children are adventurous and curious, and it is the duty of parents to reduce to a minimum the possibility of accidents by constant vigilance, which includes the removal or protection of the many sources of danger in the home. At no time and in no circumstances should young children be left alone in the home even for the shortest periods.

Propaganda measures against Home Accidents are undertaken in several ways. From time to time talks are given by members of the Medical Staff to various public groups. Posters issued from the Department of Health, the Scottish Council for Health Education, and the Royal Society for the Prevention of Accidents are issued to District Nurses for display at Welfare Clinics. The Nurses are requested to furnish particulars of all home accidents occurring in their districts and they also advise, in the course of their domiciliary visits, on the need for measures to prevent accidents by, for example, the provision of fireguards or the need to protect or repair electrical apparatus.

F.—GENERAL SANITATION.

General sanitation is dealt with fully in the Reports of the County Sanitary Inspector and the Sanitary Inspectors of the Burghs of Ardrossan, Cumnock, Darvel, Galston, Girvan, Irvine, Kilwinning, Largs, Maybole, Newmilns, Prestwick, Stevenston, Stewarton and Troon.

TABLE I.
CAUSES OF DEATH—LANDWARD AREA AND SMALL BURGH8.

<i>Causes of Death.</i>	<i>County Landward.</i>	<i>Ardsahan.</i>	<i>Cummock.</i>	<i>Darvel.</i>	<i>Galston.</i>	<i>Girvan.</i>	<i>Irvine.</i>	<i>Kilwinning.</i>	<i>Largs.</i>	<i>Maybole.</i>	<i>Neumilns.</i>	<i>Prestwick.</i>	<i>Salcoats.</i>	<i>Stevenston.</i>	<i>Stewarton.</i>	<i>Troon.</i>	<i>Total—Landward Area and small Burghs.</i>
Tuberculosis of Respiratory System.....	5	1	1	1	1	—	—	1	—	1	1	—	3	—	—	1	16
Tuberculosis, other forms.....	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	2
Syphilis and its sequelae.....	3	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	6
Typhoid Fever (including Paratyphoid)...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Dysentery, all forms.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever and Streptococcal Sore Throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough.....	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections.....	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles.....	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other Infections and Parasitic Diseases...	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasms.....	207	9	8	4	6	12	29	11	31	8	10	45	29	18	4	20	451
Benign and Unspecified Neoplasms.....	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2
Diabetes Mellitus.....	15	1	1	—	—	—	1	1	—	—	—	1	—	—	—	—	21
Anaemias.....	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12
Other General Diseases.....	11	3	2	1	—	—	1	—	2	—	1	—	—	2	—	1	24
Vascular Lesions affecting Central Nervous System.....	206	9	8	5	13	22	32	21	30	3	17	36	33	16	8	14	473
Non-meningococcal Meningitis.....	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2
Other Diseases of Nervous System.....	16	1	—	—	2	1	2	—	1	—	—	2	2	1	1	1	30
Rheumatic Fever.....	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Chronic Rheumatic Heart Disease.....	16	5	—	—	1	1	2	2	1	1	—	3	1	1	4	1	39
Arteriosclerotic and Degenerative Heart Disease.....	395	16	20	19	14	21	49	24	71	13	17	66	44	34	14	50	867
Other Diseases of Heart.....	18	2	—	—	1	1	4	1	—	—	1	—	3	1	—	1	33
Hypertension with Heart Disease.....	38	1	—	3	1	1	7	3	2	2	1	8	3	1	2	3	76
Hypertension without Heart Disease.....	18	1	2	1	—	2	6	1	—	1	1	3	3	4	—	1	43
Other Circulatory Disease.....	33	5	2	—	1	—	2	2	6	3	1	2	1	—	—	2	60
Influenza.....	4	1	—	—	—	—	—	1	1	—	—	2	1	—	1	—	12
Pneumonia (except of newborn).....	23	—	1	1	—	—	1	1	2	—	—	1	1	2	—	—	33
Bronchitis.....	21	3	4	1	7	4	7	1	1	4	4	3	5	4	—	4	73
Other Respiratory Diseases.....	22	1	1	1	2	—	2	1	1	—	—	—	—	1	—	1	33
<i>Carry forward.....</i>	1064	62	50	37	49	69	148	72	151	37	54	174	130	86	34	102	2319

TABLE I.—Continued.

CAUSES OF DEATH—LANDWARD AREA AND SMALL BURGH8—Continued.

Causes of Death.	County Landward.	Ardrossan.	Cumnock.	Darel.	Galloway.	Girvan.	Irvine.	Kilmarnock.	Largs.	Maybole.	Newmilns.	Prestwick.	Saltcoats.	Stevenston.	Stewarton.	Troon.	Total—Landward Area and Small Burghs.
<i>Brought forward.....</i>	1064	62	50	37	49	69	148	72	151	37	54	174	130	86	94	102	2319
Ulcer of Stomach and Duodenum.....	16	2	1	—	1	—	1	1	1	2	—	1	—	—	—	2	28
Appendicitis.....	3	1	—	—	—	—	—	—	1	1	—	1	—	—	—	1	4
Intestinal Obstruction and Hernia.....	6	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	13
Gastritis and Duodenitis.....	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3
Diarrhoea (except of newborn).....	6	—	—	—	—	—	1	1	1	1	—	—	2	4	—	—	16
Cirrhosis of Liver.....	5	—	—	—	—	—	—	2	—	1	3	—	1	—	—	—	12
Other Diseases of Liver.....	8	—	—	—	—	1	—	—	—	—	—	2	—	2	—	—	11
Other Digestive Diseases.....	6	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	10
Nephritis and Nephrosis.....	11	—	—	2	—	—	1	3	1	—	—	1	2	3	2	—	26
Hyperplasia of Prostate.....	10	—	1	—	—	3	—	—	2	—	—	1	—	—	—	—	20
Other Diseases of Genito Urinary System.....	9	1	—	—	—	—	—	1	3	—	—	1	5	—	—	2	22
Puerperal Sepsis, including Post-Abortive Sepsis.....	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	3
Other Puerperal Causes.....	2	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	4
Diseases of Skin and Organs of Locomotion.....	1	1	1	1	—	1	—	—	—	1	—	3	—	1	—	—	9
Congenital Malformations.....	21	2	—	1	—	—	3	3	1	1	—	—	6	1	—	—	39
Birth Injuries, Post-Natal Asphyxia and Alectasia.....	20	1	1	—	1	—	4	1	—	—	—	4	3	—	—	1	36
Pneumonia of newborn.....	3	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	5
Diarrhoea of newborn.....	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1
Other Infections of the newborn.....	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—
Other Diseases peculiar to Early Infancy.....	18	1	—	—	—	2	1	1	—	—	1	3	4	1	2	1	34
Senility.....	12	—	2	—	1	—	1	—	—	—	1	—	—	1	—	—	20
Causes ill-defined and Unknown.....	8	—	—	—	1	2	3	—	2	1	1	1	1	1	—	1	14
Suicide.....	4	—	—	2	1	—	—	—	1	—	—	—	—	—	—	—	13
Motor Vehicle Accidents.....	19	—	—	—	1	1	—	1	—	1	1	1	2	—	—	3	30
Other Road Transport Accidents.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Other Violence.....	42	1	—	—	1	2	3	4	4	—	1	5	3	1	1	5	70
ALL CAUSES.....	1,298	72	50	45	55	81	170	94	171	44	61	201	100	104	39	118	2,769

TABLE II.

Births and Deaths in the County and Burghs.

Area.	Estimated Population.	Area in Acres.	Deaths at Sub-joined Ages.					Mortality from Sub-joined Causes.												All Other Certified Causes.	Uncertified Causes.											
			Live-Births.	Still-Births.	At all Ages.	Under 1 Year.	1 and under 5.	5 and under 15.	15 Years and Upwards.	Smallpox.	Diphtheria.	Scarlet Fever.	Typhus Fever.	Enteric & Paratyphoid Fevers.	Cerebro-Spinal Fever.	Measles.	Whooping Cough.	Maternal Causes.				Digestive Diseases.		Tuber- culous Diseases.		Pneumonia.	Diseases of Respiratory System	Influenza.	Cancer.	Diseases of Nervous System.	Diseases of Circulatory System.	Violence.
																		Puerperal Fever.	Other Puerperal Causes.			Diarrhoea.	Other Digestive Diseases.	Pulmonary.	Non-Pulmonary.							
County—	128,531	706,470	2371	61	1298	72	12	11,1197	—	—	—	—	—	—	—	—	—	2	2	6	46	5	—	26	43	4	207	223	518	65,143	8	
Landward	9,439	730	219	3	72	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Burghs—	5,077	259	101	—	56	1	67	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ardrrossan	3,275	453	44	2	45	1	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cunnoch	4,595	191	66	1	55	1	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Darvel	5,932	487	96	1	81	2	76	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Galston	15,668	1,783	328	7	170	11	158	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Girvan	7,040	440	142	7	94	11	82	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Irvine	7,743	610	86	1	171	2	168	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Kilwinning	4,943	392	85	3	44	1	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Largs	4,053	636	51	2	61	—	61	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Maybole	11,436	1,039	207	4	201	7	193	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Newmilns	13,625	464	262	8	160	13	145	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Prestwick	9,708	860	186	5	104	4	99	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Salcoats	3,340	381	68	1	39	2	37	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Stenaston	9,956	2,995	150	5	118	1	115	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Stewarton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Troon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
County-Landward and Small Burghs	244,361	718,190	4,462	108	2769	140	20,162	2593	—	—	—	—	—	—	—	—	—	3	4	17	81	16	2	38	106	12	451	505	1118	120,279	14	

Density of Population, Birth Rate, Infantile and Other Death Rates.

Landward and
Small Burghs

TABLE IV.

Deaths at Different Ages and Percentages of Total Deaths.

	<i>Total Deaths</i>	<i>Deaths under 5.</i>	<i>Deaths 5 and under 15.</i>	<i>Deaths 15 and under 65.</i>	<i>Deaths 65 and Upwards.</i>	<i>Percentage.</i>			
						<i>Under 5.</i>	<i>5-15.</i>	<i>15-65.</i>	<i>65 and Upwards.</i>
County—									
Landward	1298	90	11	407	790	6·9	0·8	31·4	60·9
Burghs—									
Ardrossan	72	5	—	25	42	6·9	—	34·7	58·4
Cumnock	56	1	—	14	41	1·8	—	25·0	73·2
Darvel....	45	1	1	14	29	2·2	2·2	31·1	64·5
Galston...	55	2	—	18	35	3·6	—	32·7	63·7
Girvan....	81	3	—	20	58	3·7	—	24·7	71·6
Irvine.....	170	11	1	54	104	6·5	0·6	31·7	61·2
Kilwinning	94	12	—	29	53	12·8	—	30·8	56·4
Largs.....	171	2	1	42	126	1·2	0·6	24·6	73·6
Maybole...	44	2	—	13	29	4·5	—	29·6	65·9
Newmilns	61	—	—	21	40	—	—	34·4	65·6
Prestwick	201	7	1	43	150	3·5	0·5	21·4	74·6
Saltcoats..	160	15	—	53	92	9·4	—	33·1	57·5
Stevenston	104	4	1	34	65	3·8	1·0	32·7	62·5
Stewarton	39	2	—	10	27	5·1	—	25·7	69·2
Troon.....	118	3	—	38	77	2·5	—	32·4	65·1
County— Landward and Small Burghs....	2769	160	16	835	1758	5·8	0·6	30·1	63·5

TABLE V.

Infantile Mortality.							<i>Rate per 1,000 Births</i>
(1) CLASSIFIED ACCORDING TO AGE GROUPS :—							<i>Deaths</i>
Under 1 Week	...	...	...	...	...	82	18.4
1 Week and under 4 Weeks	...	...	...	...	...	10	2.2
4 Weeks and under 3 Months	...	...	...	...	...	18	4.0
3 Months and under 6 Months	...	...	...	...	...	20	4.5
6 Months and under 12 Months	...	...	...	...	...	10	2.2
(2) CLASSIFIED ACCORDING TO CAUSES OF DEATH :—							
Diseases of Heart and Circulatory System	...	...	...	...	...	2	0.5
Whooping Cough	...	...	...	...	...	1	0.2
Meningococcal Infections	...	...	...	...	...	1	0.2
Non-Meningococcal Infections	...	...	...	...	...	1	0.2
Pneumonia	...	...	...	...	...	13	2.9
Bronchitis	...	...	...	...	...	1	0.2
Intestinal Obstruction and Hernia	...	...	...	...	...	1	0.2
Diarrhoea	...	...	...	...	...	5	1.1
Other Digestive Diseases	...	...	...	...	...	1	0.2
Diseases of Genito-Urinary System	...	...	...	...	...	2	0.5
Congenital Malformations	...	...	...	...	...	30	6.7
Birth Injuries, Post-Natal Asphyxia and Atelectasis	...	...	...	...	...	36	8.1
Other Diseases peculiar to Early Infancy	...	...	...	...	...	34	7.6
Violence	...	...	...	...	...	7	1.6
All other causes	...	...	...	...	...	5	1.1

TABLE VI.

Infectious Diseases—Year 1956.

Number of Cases coming to the Knowledge of the Medical Officer of Health and accepted by him as suffering from disease stated.

County—	Smallpox.	Cholera.	Diphtheria and Membranous Croup.	Typhus Fever.	Enteric Fever.	Relapsing Fever.	Continued Fever.	Tuberculosis.		Puerperal Pyrexia.	Ophthalmia Neonatorum.	Malaria.	Dysentery.	Acute Primary Pneumonia.	Acute Influenza Pneumonia.	Pneumonia (not otherwise notifiable).	Acute Infective Jaundice.	Acute Poliomyelitis.	Acute Poli-encephalitis.	Encephalitis Lethargica.	Cerebro-Spinal Fever.	Whooping Cough.	Food Poisoning.
								Pulmonary.	Non-Pulmonary.														
Landward.....	—	—	15	61	—	8	—	93	10	—	3	—	57	138	10	2	—	8	—	—	7	156	1
Small Burghs—	—	—	—	7	—	1	—	11	—	—	—	1	—	11	1	—	—	1	—	—	1	7	—
Ardrossan.....	—	—	—	—	—	1	—	3	—	—	—	—	—	7	—	—	—	1	—	—	—	28	—
Cumnock.....	—	—	—	2	—	—	—	2	—	—	—	—	—	2	—	—	—	—	—	—	—	3	—
Darvel.....	—	—	—	—	—	—	—	9	1	—	—	—	3	7	—	—	—	—	—	—	—	24	—
Galloway.....	—	—	—	10	—	—	—	10	—	—	1	—	7	25	—	1	—	—	—	—	—	1	—
Girvan.....	—	—	—	6	—	—	—	3	—	—	1	—	13	5	—	1	—	—	—	—	—	2	—
Irvine.....	—	—	—	—	—	—	—	10	—	—	—	—	—	11	—	—	—	—	—	—	—	1	—
Kilwinning.....	—	—	—	8	—	—	—	6	1	—	—	—	—	1	—	—	—	—	—	—	—	—	2
Largs.....	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Maybole.....	—	—	—	6	—	—	—	1	—	—	—	—	—	1	—	—	—	3	—	—	—	—	—
Newmilns.....	—	—	—	—	—	—	—	4	1	—	—	—	—	1	—	—	—	2	—	—	—	—	—
Prestwick.....	—	—	—	11	—	—	—	5	1	—	—	—	4	13	—	—	—	2	—	—	—	—	—
Saltcoats.....	—	—	—	—	—	—	—	—	—	—	—	—	1	6	—	—	—	—	—	—	—	—	—
Stevenston.....	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—
Stewarton.....	—	—	—	1	—	—	—	9	2	—	—	—	4	2	—	—	—	1	—	—	—	18	—
Troon.....	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—
Landward and Small Burghs ..	—	—	20	125	—	10	—	168	17	—	4	1	89	240	11	4	—	17	—	—	12	252	3

TABLE VII.

Principal Infectious Diseases Confirmed Monthly in the County and Small Burghs.

Diseases.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total Cases.
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Membranous Group	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	12	8	4	5	—	3	4	5	5	33	5	5	89
Erysipelas	3	3	3	1	1	2	—	3	3	1	—	—	20
Scarlet Fever	17	13	7	4	12	8	9	10	6	16	16	10	128
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid, Paratyphoid, and Continued Fevers	1	—	2	4	—	—	2	—	—	1	—	—	10
Puerperal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	2	—	—	1	1	—	4
Cerebro-Spinal Fever	1	1	1	—	1	—	1	1	—	2	4	—	12
Acute Poliomyelitis	1	—	—	—	—	—	—	5	4	4	3	—	17
Tuberculosis—Pulmonary	9	13	18	17	14	15	17	16	9	14	12	14	168
Non-Pulmonary	1	4	1	2	4	1	1	1	—	1	1	—	17
TOTAL	45	42	36	33	32	29	36	41	27	73	42	29	465

TABLE IX.—TUBERCULOSIS—STATISTICAL RETURNS, 1956.

Part 1.—Respiratory Tuberculosis.

(a) Number of Cases formally Notified or regarded as Notified during the year.

	Age Groups.									
	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards.	Total.
Males.....	—	2	3	30	10	17	10	14	4	90
Females...	—	2	8	28	30	4	3	2	4	81
TOTAL.....	—	4	11	58	40	21	13	16	8	171

64

(b) Number of Cases confirmed to be Suffering from Active Respiratory Tuberculosis during the year (excluding transfers in by another Authority).

	Age Groups.									Total.
	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards.	
Male	—	2	3	30	10	17	9	14	4	89
Female....	—	2	8	27	29	4	3	2	4	79
TOTAL.....	—	4	11	57	39	21	12	16	8	168

(c) Methods by which New Patients were Discovered to be Suffering from Respiratory Tuberculosis during the year.

At Death	...	...	...	...	...	...	...	...	1
Symptom Group Examination (M.M.R. or other)	...	...	...	...	...	...	...	...	130
Contact Group Examination (M.M.R. or other)	...	...	...	...	...	...	...	...	18
Mass Miniature Radiography (General Public), including Office and other Staffs	...	...	...	...	...	...	...	...	11
Routine Examination of Special Groups (M.M.R. or other)—									
School Staffs	...	...	...	...	...	...	...	...	1
National Service Recruits	...	...	...	...	...	...	...	...	3
Emigrants	...	...	...	...	...	...	...	...	3
TOTAL	...	...	...	...	...	...	...	...	168

(d) Number of New Cases in Table II. admitted to Hospital for Tuberculosis Treatment for the first time during the year.

	<i>Under 15 Years.</i>	<i>15 to under 45.</i>	<i>45 and over.</i>	<i>Total.</i>
Male.....	5	52	26	83
Female.....	8	55	7	70
TOTAL.....	13	107	33	153

HOSPITAL ADMISSIONS AND DISCHARGES (RESPIRATORY TUBERCULOSIS).

(e) Number of Patients Admitted to, Discharged from or Dying in Tuberculosis Hospitals, Sanatoria or Wards in other Hospitals reserved for the Treatment of the Tuberculous.

	<i>In Hospital on 1st January.</i>	<i>Admitted during year.</i>	<i>Discharged during the year.</i>	<i>Died in Hospital.</i>	<i>In Hospital on 31st December.</i>
Under 15 years	<div> <div>Male.....</div> <div>Female.....</div> </div>	<div>5</div> <div>8</div>	<div>8</div> <div>9</div>	<div>—</div> <div>—</div>	<div>2</div> <div>8</div>
15-45 years	<div> <div>Male.....</div> <div>Female.....</div> </div>	<div>70</div> <div>82</div>	<div>80</div> <div>102</div>	<div>1</div> <div>2</div>	<div>53</div> <div>62</div>
45 years and over	<div> <div>Male.....</div> <div>Female.....</div> </div>	<div>36</div> <div>11</div>	<div>30</div> <div>13</div>	<div>3</div> <div>—</div>	<div>20</div> <div>2</div>
TOTAL.....	183	212	242	6	147

(f) Number of Patients Dying from Respiratory Tuberculosis in Hospital Accommodation other than that Reserved for Tuberculous Patients.

One.

WAITING LIST.

(g) Number on Waiting List for Admission to Hospital at 31st December (Respiratory Tuberculosis).

Nil.

PART II.—NON-RESPIRATORY TUBERCULOSIS.

(h) Number of Cases formally Notified or regarded as Notified as Suffering from Non-Respiratory Tuberculosis during the year.

		<i>Age Groups.</i>								<i>Total.</i>
	<i>Under 1.</i>	<i>1 and under 5.</i>	<i>5 and under 15.</i>	<i>15 and under 25.</i>	<i>25 and under 35.</i>	<i>35 and under 45.</i>	<i>45 and under 55.</i>	<i>55 and under 65.</i>	<i>65 and upwards.</i>	
Males.....	1	3	2	—	1	1	—	—	1	9
Females...	—	1	4	5	2	2	1	—	—	15
TOTAL.....	1	4	6	5	3	3	1	—	1	24

(i) Number of Cases Notified, or Intimated, Confirmed to be Suffering from Active Non-Respiratory Tuberculosis during the year (excluding Transfers in by another Authority).

Form.	Sex.	Age Groups.										Total.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards		
1. Abdominal.	{ Males... Females	—	—	—	—	—	—	—	—	—	—	
		—	—	—	—	—	—	—	—	—	—	
2. Meningeal.	{ Males... Females	—	3	—	—	—	—	—	—	—	3	
		—	—	1	2	—	—	—	—	—	3	
3. Miliary Tuberculosis	{ Males... Females	—	—	—	—	—	—	—	—	—	—	
		—	—	—	—	—	—	—	—	—	—	
4. Bones and Joints.	{ Males... Females	—	—	2	—	—	—	—	—	—	2	
		—	—	1	1	—	1	1	—	—	4	
5. Superficial Glands.	{ Males... Females	1	—	—	—	—	—	—	—	—	1	
		—	—	—	—	—	—	—	—	—	—	
6. Genito Ur'ry Organs	{ Males... Females	—	—	—	—	—	1	—	—	1	2	
		—	—	—	—	2	—	—	—	—	2	
7. Other Organs.	{ Males... Females	—	—	—	—	—	—	—	—	—	—	
		—	—	—	—	—	—	—	—	—	—	
	TOTAL...	1	3	4	3	2	2	1	—	1	17	

PART III.—ANALYSIS OF TUBERCULOSIS DEATHS.

(1) Return of Number of Persons who Died from Tuberculosis in the Area during the year ended 31st December, 1956, with the period elapsing between Notification or Intimation and Death.

(Persons dying in Sanatoria, etc., are included in the figures for the area in which they had their home residence.)

Number of Persons who Died from Tuberculosis— Of whom—	Respiratory.		Non-Respiratory.	
	Males.	Females.	Males.	Females.
Not notified or notified only at or after Death	—	—	—	—
Notified less than 1 month before Death	2	—	2	—
Notified from 1 to 3 Months before Death...	—	1	—	—
Notified from 3 to 6 Months before Death...	—	—	—	—
Notified from 6 to 12 Months before Death...	—	—	—	—
Notified from 1 to 2 Years before Death	9	4	—	—
Notified over 2 Years	—	—	—	—
Total	11	5	2	—

PART IV.—THE TUBERCULOSIS REGISTER.

(k) Return of Number of Persons Resident in the Area at 31st December, 1956, who were known to be Suffering from Tuberculosis.

(Only Cases in which a Diagnosis of Tuberculosis has been confirmed have been included. Persons in Sanatoria, etc., are included in the figures for the Area in which they have their Home Residence.)

		<i>Age Groups.</i>									<i>Total.</i>
		<i>Under 1.</i>	<i>1 and under 5.</i>	<i>5 and under 15.</i>	<i>15 and under 25.</i>	<i>25 and under 35.</i>	<i>35 and under 45.</i>	<i>45 and under 55.</i>	<i>55 and under 65.</i>	<i>65 and upwards.</i>	
1. Respiratory.....	Males...	1	6	38	187	218	137	115	53	23	778
	Females	1	3	45	253	372	157	40	9	9	889
2. Non-Respiratory....	Males...	—	5	26	26	19	14	3	2	2	97
	Females	—	5	24	32	26	13	3	5	2	110

TABLE X.
OUT-PATIENT CLINICS.

<i>Place and Premises.</i>	<i>Day.</i>	<i>Hour.</i>
SCHOOL CLINICS—		
Cumnock—Millbank.....	First and Third Fridays.	2 p.m.
Dalry—Higher Grade School	First and Third Fridays.	2 p.m.
Galston—Henrietta Street..	Second and Fourth Mondays.	1.30 p.m.
Girvan—Wesley Place.....	Second and Fourth Fridays.	2 p.m.
Hurlford—Academy Street.	First and Third Mondays.	2 p.m.
Irvine—Bank Street.....	First and Third Wednesdays.	2 p.m.
Kilbirnie—Nurses' Home...	First and Third Mondays.	2 p.m.
Kilmarnock—Green Street.	Every Wednesday.	10 a.m.
Maybole—Carrick Home....	First and Third Friday.	2 p.m.
Prestwick—Glenburn P.S...	Second and Fourth Fridays.	2 p.m.
Saltcoats—Campbell Ave...	Every Friday.	2 p.m.
Troon—Tinnion Nursing Home.....	First and Third Fridays.	2 p.m.
CHILD WELFARE CENTRES—		
Annbank—4 Mauchline Rd.	Second and Fourth Tuesdays.	2 p.m.
Ardrossan—Castlecraigs, Glasgow Street.....	Every Thursday.	2 p.m.
Auchinleck—97 Back Rogerton Crescent.....	Second and Fourth Fridays.	2 p.m.
Beith—Strand.....	First and Third Tuesdays.	2 p.m.
Catrine—Brown's Institute	First and Third Mondays.	2.30 p.m.
Coylton—Claude Hamilton Memorial Hall.....	First and Third Wednesdays.	2 p.m.
Crosshouse—Old School Building.....	First and Third Tuesdays.	2 p.m.
Cumnock—Millbank.....	Every Wednesday.	2.30 p.m.
Dalmellington— Church Hall.....	Second and Fourth Thursdays.	2 p.m.
Bellsbank School.....	First and Third Thursdays.	2 p.m.
Dalry—James Street.....	Second and Fourth Tuesdays.	2 p.m.
Darvel—Lesser Town Hall	Second and Fourth Fridays.	2 p.m.
Dreghorn—Local Welfare Office.....	Second and Fourth Tuesdays.	2 p.m.
Drongan—Public Hall.....	First and Third Tuesdays.	2 p.m.
Dundonald Camp—Medical Centre.....	First and Third Thursdays.	10.30 a.m.
Dundonald—Montgomerie Hall.....	Third Monday.	2 p.m.
Galston—Henrietta Street.	First and Third Wednesdays.	2 p.m.
Girvan—Wesley Place.....	First and Third Tuesdays.	2 p.m.
Hurlford—Academy Street.	Second and Fourth Wednesdays.	2 p.m.
Irvine— Bank Street.....	Alternate Thursdays.	2.30 p.m.
Waterside Street.....	Alternate Thursdays.	2.30 p.m.
Kilbirnie—Nurses' Home...	Every Wednesday.	2 p.m.
Kilwinning—Ladyford Av..	Every Wednesday.	2 p.m.
Kilmaurs—J.S. School.....	First and Third Fridays.	2 p.m.
Largs—Moorburn Road....	Second and Fourth Mondays.	2 p.m.
Lugar—The Institute.....	Second and Fourth Mondays.	2 p.m.

TABLE X.—*Continued.*OUT-PATIENT CLINICS.—*Continued.*

<i>Place and Premises.</i>	<i>Day.</i>	<i>Hour.</i>
CHILD WELFARE CENTRES—		
Mauchline—Parish Church Hall.....	First and Third Thursdays.	2 p.m.
Maybole—Carriek Home...	Second and Fourth Tuesdays.	2.30 p.m.
Monkton—Carviek-Webster Hall.....	First Monday.	2 p.m.
Muirkirk—Glasgow Road...	First and Third Mondays.	2 p.m.
New Cumnock—Burnside Hall.....	Fourth Thursday.	2 p.m.
Old People's Welfare Club Rooms.....	First and Third Thursdays.	2 p.m.
Newmilns—Clinic, Ayr Rd.	Second and Fourth Thursdays.	2 p.m.
Patna—27 Dalvennan Ave.	Second and Fourth Mondays.	2 p.m.
Prestwick—Town Hall.....	Every Tuesday.	2 p.m.
Rankinston—Mission Hall.	Second Wednesday.	2 p.m.
Saltcoats—Campbell Ave...	Every Tuesday.	2 p.m.
Springside—Welfare Inst...	Second and Fourth Wednesdays.	2 p.m.
Stevenston—The Cross....	Every Monday.	2 p.m.
Stewarton—Avenue Square	Second and Fourth Mondays.	2 p.m.
Tarbolton—Infant School..	First and Third Wednesdays.	2 p.m.
Troon—41 Barassie Street	Every Thursday.	2 p.m.
West Kilbride—Masonic Hall.....	Second and Fourth Fridays.	2 p.m.
ANTE-NATAL CLINICS (Dentist in Attendance)—		
Annbank—4 Mauchline Rd.	Every Thursday.	10.30 a.m.
Cumnock—Millbank.....	Every Tuesday.	2.45 p.m.
Irvine—Bank Street.....	Every Monday.	2 p.m.
Kilbirnie—Nurses' Home..	Every Friday.	10.30 a.m.
Largs—Moorburn Road....	Every Wednesday.	2.30 p.m.
Maybole—Carrick Home...	Every Tuesday.	10.30 a.m.
Saltcoats—Campbell Ave...	Every Wednesday.	10.30 a.m.
Troon—41 Barassie Street.	Every Thursday.	9.30 a.m.
Patna—Dalvennan Avenue	Every Thursday (from 14/2/57).	2 p.m.
DENTAL CLINICS (for Expectant and Nursing Mothers and Young Children)—		
Annbank—4 Mauchline Rd.	First and Third Saturdays.	9.30 a.m.-12 noon.
Cumnock—Millbank.....	First and Third Saturdays.	9.30 a.m.-12 noon.
Irvine—Bank Street.....	First and Third Saturdays.	9.30 a.m.-12 noon.
Maybole—Carriek Home...	First and Third Saturdays.	9.30 a.m.-12 noon.
Troon—41 Barassie Street	First and Third Saturdays.	9.30 a.m.-12 noon.
ORTHODONTIC CLINIC—		
Ayr—King Street.....	Every Friday.	9 a.m.-12 noon.

G.—MEDICAL INSPECTION OF SCHOOL CHILDREN.

1955—1956.

Year ended 31st July, 1956.

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I.—STAFF.

Reference is made to List of Staff shown on page 4.

II.—GENERAL STATISTICS.

Population of the Area (at 30th June, 1956, as estimated
by the Registrar-General) 329,100

Number of Schools—

(a) Primary Schools under Education Authority ...	94
(b) Secondary Schools under Education Authority ...	59
(c) (i) Special Schools	7
(ii) Special Classes in Ordinary Schools	1
(iii) Nursery Schools	5
(d) In receipt of Grant from Education Authority under Medical Inspection	1
Average Number of Children on the Registers ...	55,930
Average Number of Children in Attendance ...	51,866

III.—SANITARY CONDITIONS OF SCHOOLS.

The Medical Officers on their visits to schools inspect the sanitation and any matters requiring attention are brought to the notice of the appropriate Official. In general the cleanliness of the schools was found to be satisfactory

IV.—ORGANISATION AND TREATMENT.

School Nurses attend at the medical inspection and subsequently are supplied with a list of the cases to be followed up at home. They keep a register compiled from these lists and report where treatment is given and the condition remedied. The School Nurses also visit the schools between the School Medical Officers' inspections. The number of children visited at home during the year was 5,594, and the total number of visits paid was 6,617.

(a) System of School Medical Inspection and Arrangements for Following up.

The pupils examined at routine inspections were :—

- (1) All entrants and children not previously subjected in school to detailed routine inspections.
- (2) Children born in 1946.
- (3) Children born in 1942.
- (4) Children born in 1939.
- (5) Children born in 1948 (visual acuity only).

Before every routine visit to a school the Head Teacher is asked to produce for special medical examination any pupil who appears to suffer from any physical or mental disability and who has not received or is not receiving appropriate attention.

All children found defective at previous inspections were also re-examined.

Routine and special medical examinations of pupils attending schools in Ayr and Kilmarnock are carried out by the medical staff of the Burghs concerned, who also attend the respective minor ailment clinics and forward to the Chief School Medical Officer particulars regarding any children requiring special medical or educational treatment.

(b) Supervision of Infectious Disease, including School Closures.

As the medical inspection of school children is under the control of the Medical Officer of Health for each area, all notifiable cases of infectious disease are known. Where it seems to the Head Teacher that there is any undue incidence of non-notifiable disease he brings the matter to the notice of the School Medical Officer. Disinfection of classrooms is carried out where indicated. No schools were closed as a result of infectious disease during the session.

(c) Co-ordination with Public Health Service.

In the County Area each Assistant Medical Officer is in charge of the School Health and Child Welfare work in a district, so that the same Medical Officer sees the child from birth to school-leaving age. The same arrangement exists in the Burghs of Ayr and Kilmarnock.

(d) Presence of Parents at Inspections.

The presence of parents is encouraged at school medical inspections. Many defects are pointed out to them, of which they were previously unaware, and thus the services of the family doctor are solicited earlier than otherwise would have been the case, with more satisfactory results in the way of prevention and cure. The number of parents who attended the routine inspections during the year was 4,397.

V.—THE FINDINGS OF MEDICAL INSPECTION.

(a) Routine.

The number of children examined was 16,543, of whom 4,789 or 28·95 per cent. suffered from some defect. Of these 2,918 or 17·64 per cent. of the children examined suffered from minor defects or ailments, from which recovery was expected in a few weeks, and 1,548 or 9·36 per cent. suffered from defects less remediable, but from which complete recovery or restoration of function was ultimately anticipated. The number suffering from defects where improvement only could be expected was 323 or 1·95 per cent. of those examined.

The following is a summary showing the various defects and the percentage found defective at Routine Inspections.

(1) Clothing.

Twenty-six children were found to have unsatisfactory clothing, 0·16 per cent. of the children examined.

(2) Footgear.

Fourteen children were found to have unsatisfactory footgear, 0·08 per cent. of the children examined.

(3) Cleanliness.

(a) *Head*.—The number of children found to have dirty or verminous heads was 414 or 2·50 per cent. of those examined.

(b) *Body*.—The number of children found to have dirty or verminous bodies was 20 or 0·12 per cent.

(4) Skin.

(a) *Head*.—The following were found to be suffering from skin diseases of the head :—

Ringworm...	...	...	1 child or 0.006 per cent.
Impetigo ...	...	...	17 children or 0.10 per cent.
Other Diseases	...	...	59 children or 0.36 per cent.

(b) *Body*.—The following skin conditions affecting the body were found :—

Ringworm...	...	...	3 children or 0.02 per cent.
Impetigo ...	...	...	10 children or 0.06 per cent.
Scabies ...	...	...	4 children or 0.02 per cent.
Other Diseases	...	...	193 children or 1.17 per cent.

(5) Nutritional State.

151 children were found to be suffering from slightly defective nutrition and 7 from bad nutrition, being respectively 0.91 and 0.04 per cent. of the children examined.

(6) Mouth and Teeth.

386 children were suffering from unhealthy conditions of the mouth and teeth, 2.33 per cent. of the children examined.

(7) Nasopharynx.

(a) *Nose*.—Apart from cases requiring further observation, 156 children or 0.94 per cent. of those examined showed obstruction, probably due to adenoids requiring operation.

(b) *Throat*.—Apart from cases requiring further observation, 168 children or 1.02 per cent. of those examined were found to have tonsils which required operative treatment.

(c) *Glands*.—Enlarged Glands requiring further observation were found in 213 or 1.29 per cent. of the children examined, while 3 children or 0.02 per cent. had Glands requiring operation.

(8) Eyes.

Infective conditions of the lids or conjunctiva were found in 112 children or 0.68 per cent. of those examined.

Corneal Opacities were found in 2 or 0.01 per cent. of the children.

Squint affected 261 children or 1.58 per cent.

Visual Acuity.—Vision was not examined in entrants. Of those in the other age groups 724 or 6.79 per cent. had defective vision requiring refraction. In addition 5,345 children in the seven-year-old group were examined in place of entrants. Of these 396 were found to require refraction.

(9) Ears.

Otorrhoea or discharge from the ears affected 66 children or 0.40 per cent.

Defective hearing was present in 93 children or 0.57 per cent. Thirty-three were classified in Grade I. Deafness—that is children who can be educated in the ordinary school without special provision, and 49 in Grade IIa., approximate IIa Deafness. Deafness—that is children who can make satisfactory progress in ordinary schools if given some help, *e.g.*, favourable position in class, individual hearing aid or tuition in lip-reading.

Eleven children were classified in Grade IIb., approximate IIb Deafness. Deafness—that is children who can make satisfactory progress only in a Special School.

(10) Speech.

Of the children examined 78 or 0.47 per cent. suffered from defective articulation and 7 or 0.04 per cent. from stammering.

(11) Mental and Nervous Conditions.

Thirty-one children or 0.19 per cent. were found to be educable mental defectives.

Other mental or nervous conditions affected 73 or 0.44 per cent. of the children examined.

(12) Circulatory System.

Fifty-nine children were found to be suffering from organic heart disease, comprising 0.36 per cent. of the children examined. Of these 48 were Congenital and 11 Acquired.

(13) Lungs.

The number of children suffering from chronic bronchitis was 39 or 0.24 per cent. of those examined.

There were referred to the Area Chest Physician as suspected cases of Tuberculosis 5 children or 0.03 per cent.

Other diseases of the Lungs affected 115 children or 0.70 per cent.

(14) Deformities.

Deformities dating from birth affected 59 children or 0.36 per cent.

Deformities due to Poliomyelitis affected 37 children or 0.22 per cent.

Deformities due to Rickets affected 22 children or 0.13 per cent.

Deformities due to other causes, for instance flat feet, affected 103 children or 0.62 per cent.

(15) Infectious Disease.

There were discovered 6 cases of Infectious Disease, 0.04 per cent. of the children examined.

(16) Other Diseases or Defects.

663 Children or 4.01 per cent. of those examined were affected.

(b) Special Examinations.

Of the 2,627 special cases examined, 652 were found defective and were notified to parents as requiring treatment. The following is a list of the defects found :—

(1) Unsatisfactory Clothing	...	...	...	...	...	4
(2) Unsatisfactory Footgear	...	...	...	...	...	3
(3) Cleanliness—						
<i>Head</i> —Dirty, Nits or Vermin	...	...	...	...	...	88
<i>Body</i> —Dirty, Nits or Vermin	...	...	...	...	...	7
(4) Skin—						
<i>Head</i> —Ringworm	...	...	...	...	...	—
Impetigo...	...	...	...	...	...	4
Other Diseases	...	...	...	...	...	4
<i>Body</i> —Ringworm	...	...	...	...	...	—
Impetigo...	...	...	...	...	...	—
Scabies	...	...	...	...	...	2
Other Diseases	...	...	...	...	...	14

(12) Circulatory System—							
(a) Organic Heart Disease—							
Congenital	...	...	...	...	...	...	—
Acquired...	...	...	...	...	...	...	1
(b) Functional Conditions...							
	...	...	...	...	...	...	1
(13) Lungs—							
Chronic Bronchitis	...	...	...	...	...	...	2
Suspected Tuberculosis	...	...	...	...	...	...	—
Other Diseases	...	...	...	...	...	...	4
(14) Deformities—							
Congenital	...	...	...	...	...	...	4
Acquired (Poliomyelitis)	...	...	...	...	...	...	2
Acquired (probable Rickets)	...	...	...	...	...	...	—
Other Causes	...	...	...	...	...	...	13
(15) Infectious Diseases...							
	—
(16) Other Diseases or Defects							
	...	...	...	...	...	...	70

VI.—ARRANGEMENTS FOR MEDICAL TREATMENT.

(a) Minor Ailments.

There are School Clinics at Cumnock, Troon, Saltcoats, Irvine, Maybole, Girvan, Dalry, Kilbirnie, Galston, Hurlford, Prestwick, Ayr and Kilmarnock, attended by the whole-time Medical Officers. The School Nurses at these Centres assist.

The number of children examined by the medical staff at the Clinics was 2,300. Recurrent visits brought the total attendances to 5,016. The following is a list of the defects found :—

(1) Cuts, Bruises, Sprains and Minor Injuries, etc.	...	440
(2) Diseases of the Ear, largely cases of Otorrhoea	...	98
(3) Diseases of the Eye, principally Conjunctivitis and Blepharitis	... ..	198
(4) Diseases of the Skin. (This figure comprises 3 cases of Ringworm of Body, 224 cases of Impetigo, 8 cases of Scabies and 147 cases involving other diseases of the skin)	... ..	382
(5) Other Diseases (including cases of non-attendance brought to Clinics on recommendation of Attendance Officers)	... ..	1,950

(b) Defective Vision.

During the session the examination of children with defective vision was continued under arrangements made with the Regional Hospital Board. Regular Clinic sessions were held at Ayr, Kilmarnock, Saltcoats, Irvine, Kilbirnie and Cumnock ; occasional sessions at Largs, Girvan and Dalmellington. They were attended by members of the staff of the Regional Hospital Board working under Dr. W. O. G. Taylor, the Board's Consultant Ophthalmologist for the area. Depletions in the Medical Staff caused the discontinuation of the sessions at Cumnock, Girvan and Dalmellington for the months September to December.

Opticians attended at certain Clinic sessions to measure and fit those children for whom spectacles had been prescribed by the Ophthalmic Specialist. The Regional Hospital Board is responsible for this arrangement.

Spectacles were prescribed where necessary. The following is a summary of the cases seen for the period :—

Number of Clinics held	...	...	...	...	286
Number of Children Examined	...	...	...	...	3,271
Number of Children Prescribed Spectacles	...	...	...	...	1,938

(c) Specialist Treatment.

I am indebted to the Matron of Seafield Sick Children's Hospital, Ayr, for the following figures of children seen and treated at that Hospital during the year under review :—

Surgical Department—

Number of Clinics held	...	...	...	...	52
Number of Children Examined	...	...	...	...	1,105
Number of Theatres held	...	...	...	...	192
Number of Children Operated on (355 Emergency)	...	...	...	...	532

Ophthalmic Department—

Number of Theatres held	...	...	...	...	52
Number of Children Operated on	...	...	...	...	277

Medical Department—

Number of Clinics held	...	...	...	...	215
Number of Children Examined	...	...	...	...	2,496
Number of Admissions	...	...	...	...	447

Ear, Nose and Throat Department—

Number of Theatres held	...	...	...	260
Number of Children Operated on	...	...	...	2,106
Number of Cases Examined at Clinics	...	...	...	6,256

Orthopaedic Department—

Number of Clinics held	...	...	...	131
Number of Children Examined	...	...	...	4,266
Number of Children recommended for Remedial Exercises—				
Out-Patient	...	...	...	1,893
In-Patient...	...	...	...	242
Number of Children Operated on	...	...	...	130
Number of Children put in Plaster of Paris	...	...	...	489

Plastic Department—

Number of Patients Admitted	...	...	...	113
Number of Clinics held	...	...	...	24
Number of Theatres held	...	...	...	31

(It is necessary for some patients to be several times in Theatre.)

(d) Notes on Audiometric Testing in Ayrshire.

In all 7,446 children of all ages were tested in schools in the year ending 31st July, 1956— an increase of 723 on last year's figures :—

(a) Children born in 1947	...	...	...	5,940
(b) Children born in 1946 (Absent at previous Test) ...				280
(c) Children of any other age thought to have a hearing defect	...	...	...	558
(d) Re-tests—Children showing defect at previous test				668
				<hr/> 7,446 <hr/>

In group (a) above, of the 5,940 children tested, 5,676 were normal and 264 (4·4%) had a defect in either one or both ears. The 264 defective children were classified as follows :—

Grade I.—188 ; Grade IIa.—75 ; Grade IIb.—1.

Figures and classification of groups (b), (c) and (d) will be found in the accompanying table.

All totally deaf (Grade III.) children of school age in Ayrshire are receiving special education in schools for the deaf, viz. :—

Donaldson's School for the Deaf, Edinburgh	...	4
Glasgow School for the Deaf ...	... ..	31
St. Vincent's School, Glasgow	... ..	10
		—
		45
		==

There are three children being admitted to Glasgow School for the Deaf in September.

There are 43 severely deaf (Grade IIb.) children attending schools in Ayrshire. Of these 15 are able, with the help of a hearing aid and suitable position in class, to make progress in the ordinary school. Twenty-eight attend West Park School for the Hard of Hearing. One boy and two girls are being admitted in September.

In the past year 19 children have been fitted with hearing aids at the Hearing Aid Clinic at Ayr. The position with regard to hearing aids is as follows :—

(a) No. of children wearing Hearing Aids at 1st August, 1955	... ..	58
(b) No. of children supplied with Hearing Aids during school session (1955-56)	... ..	19
(c) No. of pre-school children wearing Hearing Aids	...	2
		—
		79
(d) No. of children at (a) who left school during session (1955-56)	... ..	10
		—
(e) No. of children wearing Hearing Aids at 31st July, 1956		69
		==

Of the 138 children referred to Ear, Nose and Throat Clinics from schools, 121 (87.7%) attended and subsequently received treatment and operations when necessary from the Ear, Nose and Throat Surgeon.

In addition to her work in Ayrshire, the Audiometrician also tests children attending schools in the County of Wigtown and the Stewartry of Kirkcubright.

RESULTS OF GRAMOPHONE AND PURETONE AUDIOMETRIC TESTS IN ALL SCHOOLS IN AYRSHIRE.

Year Ending 31st July, 1956.

Group.	No. of Children Listed.	No. of Children Tested.	No. of Children Normal.	No. of Children Defective.	Grade.				No. of Children referred to E.N.T. Clinic.	No. of Children referred to Hearing Aid Clinic.	Retests.			
					I (Education in Ordinary School)	IIa. (Education in Ordinary School with Hearing-Aid)	IIb. (Education in Special School)	III. (Education in Residential Special School)			No. of Children now			
											Normal.	Sh. Imp.	No. Imp.	Det.
Children Born in 1947 ...	6320	5940	5676 95.56%	264 4.44%	188 3.16%	75 1.26%	1 0.02%	—	51 0.86%	—	—	—	—	
Children Born in 1946. (Absent at previous test)	320	280	267	13	8	5	—	—	4	—	—	—	—	
Children of any other age thought to have a Hearing Defect ...	598	558	397	161	83	70	8	—	41	—	—	—	—	
Retests. Children showing defect at previous test	864	668	231	437	181	233	23	—	42	—	231	81	284	72

RESULTS OF PURETONE AUDIOMETRIC TESTS AT EAR, NOSE AND THROAT CLINICS, SEAFIELD HOSPITAL, AYR, AND AYRSHIRE CENTRAL HOSPITAL, IRVINE.

Children attending E.N.T. Clinic (New Cases) ...	—	328	65	263	96	162	3	2	98	4	—	—	—
Retests	—	250	53	197	87	99	8	3	23	15	53	78	81
													38

(e) **Psychiatric Service.**

Dr. Aron, County Psychiatrist, reports as follows :—

This is the third Annual Report since my appointment here as County Psychiatrist. It may, therefore, not be inappropriate to include a brief outline of some of the main features of the service which has been developed up to the time of writing.

(1) **Rapid Growth of Facilities in Ayrshire.**

Shortly after I had taken up my appointment, it was possible to organise several weekly clinics in localities easily accessible to all parts of the County and to deal with the backlog of cases which had accumulated during the interim period when there was no Psychiatrist. At first one and later a second Social Worker was allocated to the Psychiatric Service in a full-time capacity and this has continued to be the case during the past year.

There has also been a progressive extension by the Education Committee of facilities for the practical measures required to help children once a diagnosis has been made. Three additional special schools for mentally handicapped children have been established since 1953 and additional transport has been provided. The Occupation Centre established at Kilmarnock for Ineducable Children has given much needed help both to them and their parents. During the past year extensive alterations were undertaken at the Ayr Child Guidance Clinic, including the provision of a new large play-room. Further progress has been made during the past year in the planning of the projected Residential Clinic for Maladjusted Children at Kirkmichael and it now appears that this will be functioning within the next few months.

I should also like to take this opportunity of drawing attention to the Marriage Guidance Council recently established in Ayr under a voluntary committee on which I was asked to serve. Its work should have an important bearing also on the mental health of the children involved and hence indirectly on my own work.

(2) **The Psychiatric Service in relation to other Medical, Educational and Social Agencies.**

There exists to-day a large number of agencies, both within and outwith the Local Authority, dealing with the many different aspects of the welfare of children. The analysis of the sources of referral of our cases given in the tables which conclude this report show that in this area all of them avail themselves of the help of the

Psychiatric service. At the same time it is always important to emphasise that all who deal with children should also at least to some extent be prepared to deal with some of their problems. There is, in fact, a high degree of awareness of the mental health aspect by workers in all these fields in Ayrshire, and a most willing readiness for mutual consultation and co-operation on cases where they feel specialised advice is required.

(3) Selection of Cases Referred.

As a result of this it has been possible to employ the Psychiatric service to its best advantage by using its resources to help particularly those children in whose case the person referring them has found that they did not respond to the ordinary measures and simple readjustments lying within his own field of competence, i.e., cases showing more complex and deep-seated emotional disturbances requiring specialised help, usually over a longer period of time. This means that the Psychiatric service carries a fairly high case load at any given time (222 at present). The average duration of Psychiatric supervision, care and treatment is thus somewhere in the region of 21 months per case.

(4) Social Case Work.

From the beginning, the service has been organised on the principle of what is nowadays frequently termed "child and parent guidance." Each "case" in child psychiatry thus generally involves at least three people. In dealing with the family background I have again during the past year had the valuable assistance of the two Social Workers who have done much patient work in this field. The individual cases which are allotted to them are discussed by them in regular weekly conferences with the Psychiatrist.

(5) School Adjustment Problems.

But the term "child and parent guidance" would still be an inadequate one if it were to be taken so literally as to exclude the child's wider environment outside the family circle. The adjustment of the child to the demands of education from the Psychiatrist's point of view, as from any other, is thought of in terms of the two aspects of "intellectual training" and "personality development." It has long been recognised that children require to be allocated to the schools and the classes most appropriate to their intellectual endowments. The realisation that this also applies to the temperamental and

emotional factors which we call personality has been gaining ground in recent years. It is, therefore, of some interest to note that from time to time cases are referred where adjustments are advisable on these latter grounds as well. They involve a many-sided relationship between the child, his teachers, his parents, his fellow-pupils, etc., and tensions may arise between any two or more of these and treatment has to be directed towards reducing them. Occasionally, however, this is not possible and transfer to another class or school may be the best solution then. As in the case of intellectual difficulties (such as mental handicap in terms of low I.Q.), it has been found that the most constructive approach is an objective one concentrating solely on the interests of the child without seeking to apportion blame to anyone. In dealing with such cases much help has been received from Education Committees, teachers, headmasters, educational psychologists and officials.

(6) Types of Treatment Available.

The following measures may be used in any particular case, either singly or in combination :—

- (1) Discussion of the problem with the parent and supervised case work by the Social Worker ;
- (2) Psychotherapy of the child by play or verbal methods ;
- (3) Environmental readjustment, *e.g.*, transfer to a special school ;
- (4) Some form of medicinal treatment in certain cases ;
- (5) Referral of the child for remedial tuition and similar measures ; and

(6) Referral for residential treatment. Discussion with other workers and with the referring sources, *e.g.*, educational psychologists, probation officers, etc., on the individual cases concerned is a regular and important feature of the measures adopted to help cases.

(7) The Problem of Residential Facilities.

Until now there has been a great lack of regular facilities of this type for maladjusted children. Even when our own residential clinic opens it will be necessary to bear in mind that it does not at present provide facilities for many adolescents

between the ages of 12-15 and that certain long-term cases requiring more permanent residential school arrangements after treatment at Kirkmichael are not catered for.

Vacancies for mental defectives in institutions of the Regional Hospital Board also remain very scarce indeed ; unfortunately, the position is quite outwith our control.

(8) Children's Occupation Centres.

The total number of cases in the Kilmarnock Occupation Centre at the end of 1956 was 21 ; of these eight were admitted during the year under review and five were discharged.

(A second Occupation Centre, opened in January, 1957, in Prestwick Road, Ayr, does not yet fall within the scope of the present report.)

During the past year the Occupation Centre at Kilmarnock has continued to provide a useful service in the area which it is designed to cover. The more or less provisional premises originally occupied hitherto in Howard Street were exchanged for more suitable ones at Glebe Road in October, 1956. The aim of the work there continues to be the training, within the limits of their capacity, of children who are ineducable in the formal sense of being able to absorb the three R's. There is no doubt, however, that this is not the only service which the Occupation Centre performs. It also relieves during a large part of the day the mothers of these children who, in many of these cases, find it rather difficult to cope with the problem on account of the special care and supervision required and their duties towards other children in the family. To some extent, therefore, the Occupation Centre is the most practicable alternative available at present for providing day-time care in the absence of proper institutional accommodation as the cost to the public of maintaining such a case is thereby greatly lessened. In other cases, however, it must be recognised that the parents would be unwilling to let the children go to an institution even if vacancies were easily obtainable, and it may be doubted whether in those circumstances the question of institutional care should be pursued even if it were available. Where parents are prepared and able to cope with this type of case at home they should probably be encouraged by the community to do so. It is in these different ways that the Occupation Centre may be said to fulfil a positive function.

<i>Source of Referral.</i>							<i>Total No. of Cases.</i>
Educational Psychologists, Schools, etc.	...	...	...	...	...	...	21
Paediatrician	...	...	...	...	...	...	20
School Medical Officers...	...	...	...	...	...	...	13
General Practitioners and other Medical Sources	...	...	...	...	...	...	34
Juvenile Courts and Probation Officers	...	...	...	...	...	...	29
Other Sources	...	...	...	...	...	...	5
TOTAL	...	...	...	...	...	...	122

Admissions to Institutions, etc.—

Mental Deficiency Institutions	...	...	...	...	...	...	2
Epileptic Colony	...	...	...	...	...	...	1
Treatment Centre for Maladjusted Children	...	...	...	...	...	...	1
Approved Schools	...	...	...	...	...	...	6
TOTAL	...	...	...	...	...	...	10

Children Committed to the care of the Local Authority	7
Psychiatric Examinations and Treatment Interviews ...	495
Visits to Remand Homes, Children's Homes, Hospital Wards, etc.	39
Social Workers' Home Visits and Clinic Interviews ...	1,245

VII.—DENTAL INSPECTION AND TREATMENT.

Report by Chief Dental Officer.

The Dentists devoted 347 half-days to the dental inspection of school children and 3,700 half-days to undertaking the necessary treatment for those whose parents decided to have the treatment carried out by the School Service. The number of attendances was 21,349.

Mr. Macauley, L.D.S., resigned in January and has not been replaced, repeated advertisements not producing any suitable applicant.

Since the raising of the school-leaving age the question of accomodation for the Dentist in a number of schools has become very difficult. The two mobile Clinics provide excellent service, but each Dentist can have the use of one for six weeks only in the year. One more Clinic of this type would be of great value not only in providing better facilities for the children and the Dentist but would save the embarassing congestion at the schools.

The number of children attending the Orthodontic Clinic continues to increase, and at times a waiting-list has had to be introduced. Parents are becoming aware of the benefits of this service and some of the cases have provided remarkable results not only in appearance but in better mastication and clearer speech. Early loss of the temporary teeth through extraction is the cause of many irregularities in the second dentition, and parents are encouraged to pay as much attention to the conservation of the "baby" teeth as to the permanent ones. We are trying to wipe out the old idea that the primary teeth do not matter since they ultimately are shed naturally; it is when we anticipate Nature that the trouble arises and overcrowding results.

The guidance of Dr. J. Campbell, of the Glasgow Dental Hospital, with regard to orthodontic cases is greatly appreciated. Dr. Campbell attends a Clinic in Ayr every month, where patients and Dental Officers have the benefit of specialist advice.

VIII.—SPECIAL SCHOOLS AND CLASSES. INCLUDING OPEN-AIR SCHOOLS.

(1) St. Leonard's Home Special School, Ayr.

Day pupils were conveyed daily by motor transport from and to their own homes. The number so dealt with was 73, of whom 4 were physically handicapped children and 69 mentally handicapped children.

St. Leonard's Home has 10 physically handicapped children resident, and these are taught in the Physically Handicapped Classes.

There were thus on the school roll 14 physically handicapped and 69 mentally handicapped children.

There are five classrooms, viz., four for mentally handicapped and one for physically handicapped children.

(2) Park Special School, Kilmarnock.

There are on the school roll 95 mentally handicapped children and 17 physically handicapped children.

There are six occupied classrooms, viz., four for mentally handicapped and two for physically handicapped children.

(3) Special School, Saltcoats.

There are on the school roll 23 mentally handicapped and 1 physically handicapped children.

Due to a fire at a nearby school the children from the Special School were required to be transferred to Courthill School, Dalry, at the beginning of the session to make room for those other children from the normal school who required accommodation. No undue inconvenience resulted since most of the special school children did in fact travel into Saltcoats from outlying areas.

(4) Courthill School, Dalry.

There are at present 17 children on the school roll.

These children previously attended Claremont School, Kilbirnie, and were transferred to Courthill at the beginning of the session, since the former school was structurally unsatisfactory.

(5) Garrallan School, Garrallan, Cumnock.

This school, comprising two classrooms, has accommodation for 40 mentally handicapped children. There are 35 children on the school roll.

(6) Occupational Centre, Howard House, Kilmarnock.

This centre accommodates children who are mentally handicapped to such a degree that they cannot benefit from education in a special school, but are trainable. The number at present on the roll is 22.

(7) West Park School, Kilmaurs, for the Partially Deaf.

This school was opened in November, 1955, to accommodate children previously taught at Courthill School, Dalry. The move

was necessary to allow for an increase in the number of children requiring this type of special education.

There are 28 children suffering from Grade IIb. Deafness on the roll of the school. In view of the distance from their homes to the school, 5 children are boarded at St. Leonard's Home, Ayr, and 1 at Burnside Home, Irvine. They are taken to the school daily with the others by special conveyance.

(8) Nursery Class for Children with Defective Hearing, Charlotte Street, Ayr.

This class is under the guidance of a qualified teacher for the deaf. It was formed to meet the needs of children between the ages of two and five years who would eventually require special education either in a residential school for totally deaf children or at West Park School. There are 5 children attending twice weekly for a period of $1\frac{1}{2}$ hours each day. Two of them (twins) travel from Stranraer, Wigtownshire.

(9) Other Institutions.

At 31/7/56 there were in Institutions:—

Donaldson's School for the Deaf, Edinburgh	...	4
Langside School for the Deaf, Glasgow	...	31
St. Vincent's School for the Blind and Deaf, Glasgow	...	12
Royal Blind School, Edinburgh	...	11
Condoveryhall School, Shrewsbury (for Blind Children with other Disabilities)	...	1
Colony for Epileptics, Bridge-of-Weir	...	3
St. Elizabeth's School and Home, Much Hadham, Herts	...	1
Westerlea School for Spastics, Edinburgh	...	1
Waverley Park Certified Institution, Kirkintilloch	...	1
St. Joseph's Certified Institution, Rosewell, Midlothian	...	3
Lennox Castle Certified Institution, Lennoxtown	...	7
Broadfield Certified Institution, Port-Glasgow	...	1
St. Charles' Certified Institution, Carstairs Junction	...	1
Royal Scottish Certified Institution, Larbert	...	3
Camphill Rudolph Steiner School, Aberdeenshire	...	1
East Park Home for Infirm Children, Largs	...	2
Naemoor School, Perthshire	...	1
Coltness House, Wishaw	...	2

Children requiring convalescent treatment were sent to the Biggart Home, Prestwick, and the number admitted there during the school session, on the recommendation of the School Medical Officers, was 23.

IX.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE OF CHILDREN.

(a) Staff and Accommodation.

The Authority employs 72 Specialist Teachers of Physical Education. In Secondary Schools these Teachers have charge of all branches of Physical Education, including Gymnastics, Games, Dancing, Swimming, Athletics and Health Education. In Primary Schools the aim is that every Class should have one lesson per week from a Specialist Teacher, the remaining Physical Training Lessons being taken by the Class Teachers.

While the majority of schools in the County have indoor accommodation for physical activity (gymnasias, central halls, rented halls, etc.), special attention is given to the provision of an area of the playground suitably surfaced to allow exercise to be taken in the open as often as the vagaries of our climate permit.

The whole Scheme of Physical Education is co-ordinated by the County Organisers of Physical Education.

(b) Swimming.

By arrangement with Kilmarnock Town Council the local schools have the use of the Corporation Swimming Baths throughout the session. Approximately 1,100 pupils from Primary VII. stage upward have a swimming lesson each week all year round.

Similar facilities are available at Cumnock, Prestwick, Troon and Saltcoats during the summer term.

In order to give pupils living in the perimeter of Kilmarnock an opportunity to learn to swim, an intensive course was held in Kilmarnock Academy Baths. This gave a daily lesson for ten days during the first fortnight of July to 100 pupils drawn from Stewarton, Kilmaurs, Dreghorn, Crosshouse, Hurlford, Galston, Newmilns and Darvel. The experiment was successful and is likely to be repeated and extended.

(c) Camp Schools and Trek Camps.

During the school year the Education Committee has the use of the Camp School at Broomlee for four months. This allows approximately 2,000 pupils to go into residence for a period of two weeks.

During the month of July selected schools are equipped as camps, and parties of 20 pupils, aged 12 to 15, escorted by two teachers spend a week walking from camp to camp, sleeping one night at each. Meals are supplied from County Kitchens. In July, 1956, 300 pupils and 50 teachers took part in this Scheme. Parties now have the option of walking in Fife, where a similar Scheme operates.

All pupils attending Camp School or taking part in Treks are previously examined by the School Medical Staff.

X.—OTHER ACTIVITIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN.

Milk and Meals Supplied to School Children.

The number of children who took advantage of the Milk-in-Schools Scheme was 45,441.

Meals were supplied to 17,547 children, of whom 2,414 were supplied free.

XI.—THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

The following tables show the number examined and the physical condition of the children under the respective headings :—

TABLE I.

(a) Total Number of Children Examined at—

Primary and Junior Secondary Schools—	<i>Systematic Examinations.</i>
Entrants	5,890
Children Born in 1948 (Visual Acuity only) ...	5,345
Children Born in 1946	5,422
Children Born in 1942	4,721
Senior Secondary Schools—	
Children Born in 1939	510
TOTAL	<u>21,888</u>

(b) Other Examinations—

Special Cases	...	...	...	...	...	2,627
Re-Examination—Number Examined	...	...	...	...	...	4,446
Treatment Completed	...	...	...	...	2,695	
Receiving Treatment	...	...	...	...	525	
On Waiting List for Treatment	...	...	...	...	196	
Condition Unchanged—Under Observation	...	...	...	...	1,030	
TOTAL	...	...	...	...	...	7,073

(c) The Number of Individual Children Inspected at Systematic Examinations who were Notified to Parents as requiring Treatment :—

Entrants	...	...	...	...	...	834
Children Born in 1946	...	...	...	...	...	712
Children Born in 1942	...	...	...	...	...	605
Children Born in 1939	...	...	...	...	...	45
TOTAL	...	...	...	...	...	2,196

(d) Average Heights and Weights :—

<i>Group Examined.</i>	<i>Sex.</i>	<i>No. Exam.</i>	<i>Average Age Months.</i>	<i>Average Height Inches.</i>	<i>Average Weight Pounds.</i>
Entrants	Male	2,991	64·50	43·40	43·90
	Female	2,899	64·60	43·20	42·40
Children Born in 1946	Male	2,742	115·00	52·80	67·50
	Female	2,680	115·00	52·30	65·60
Children Born in 1942	Male	2,322	162·70	60·30	97·90
	Female	2,399	163·50	60·70	101·80
Children Born in 1939	Male	247	200·60	68·60	140·40
	Female	263	200·70	64·00	126·40

TABLE II.
SCHOOL MEDICAL SERVICE—SYSTEMATIC EXAMINATIONS.

Nature of Defect.	Entrants.		1946		1942		1939		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Number examined	2997	2899	2742	2680	2322	2399	247	263	8302	8241	16,543
1. Clothing—											
Unsatisfactory	8	10	2	4	1	1	—	—	11	15	26
Percentage	0.27	0.34	0.07	0.15	0.04	0.04	—	—	0.13	0.18	0.16
2. Footgear—											
Unsatisfactory	1	3	5	2	2	1	—	—	8	6	14
Percentage	0.03	0.10	0.18	0.07	0.09	0.04	—	—	0.10	0.07	0.08
3. Cleanliness—											
Head—											
Dirty, Nits or Vermin	31	83	33	131	18	118	—	—	82	332	414
Percentage	1.04	2.86	1.20	4.89	0.78	4.92	—	—	0.99	4.03	2.50
Body—											
Dirty, or Verminous	7	1	3	2	6	1	—	—	16	4	20
Percentage	0.23	0.03	0.11	0.07	0.26	0.04	—	—	0.19	0.05	0.12

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1946		1942		1939		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
4. Skin—											
Head—											
Ringworm	...	...	...	...	...	...	...	...	...	...	1
Percentage	—	0.03	—	—	—	—	—	—	—	—	0.01
Impetigo...	8	3	1	—	4	1	—	—	13	4	17
Percentage	0.27	0.10	0.04	—	0.17	0.04	—	—	0.16	0.05	0.10
Other Diseases	8	7	3	3	13	14	8	3	32	27	59
Percentage	0.27	0.24	0.11	0.11	0.56	0.58	3.24	1.14	0.39	0.33	0.36
Body—											
Ringworm	1	—	2	—	—	—	—	—	3	—	3
Percentage	0.03	—	0.07	—	—	—	—	—	0.04	—	0.02
Impetigo...	4	2	2	1	1	—	—	—	7	3	10
Percentage	0.13	0.07	0.07	0.04	0.04	—	—	—	0.08	0.04	0.06
Scabies ...	—	1	—	1	2	—	—	—	2	2	4
Percentage	—	0.03	—	0.04	0.09	—	—	—	0.02	0.02	0.02
Other Diseases	40	39	27	22	19	39	5	2	91	102	193
Percentage	1.34	1.35	0.98	0.82	0.82	1.63	2.02	0.76	1.10	1.24	1.17
5. Nutritional State—											
Slightly Defective...	...	...	...	...	...	...	...	...	...	...	...
Percentage	27	40	42	19	11	12	—	—	80	71	151
Bad ...	0.90	1.38	1.53	0.71	0.47	0.50	—	—	0.96	0.86	0.91
Percentage	—	3	2	1	—	—	—	1	2	5	7
Percentage	—	0.10	0.07	0.04	—	—	—	0.38	0.02	0.06	0.04

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1946		1942		1939		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
6. Mouth and Teeth—											
Unhealthy ...	113	68	64	45	45	44	2	5	224	162	386
Percentage ...	3.78	2.35	2.33	1.68	1.94	1.83	0.81	1.90	2.70	1.97	2.33
7. Nose—											
Obstruction requiring Observation	97	64	35	23	20	9	—	1	152	97	249
Percentage ...	3.24	2.21	1.28	0.86	0.86	0.38	—	0.38	1.83	1.18	1.51
Obstruction (probably Adenoids) requiring Operation ...	62	41	17	20	10	5	1	—	90	66	156
Percentage ...	2.07	1.41	0.62	0.75	0.43	0.21	0.40	—	1.08	0.80	0.94
Other Conditions ...	77	50	34	24	11	12	—	—	122	86	208
Percentage ...	2.57	1.73	1.24	0.90	0.47	0.50	—	—	1.47	1.04	1.26
Throat—											
Tonsils requiring Observation	239	181	98	120	32	61	1	3	370	365	735
Percentage ...	7.99	6.24	3.56	4.48	1.38	2.54	0.40	1.14	4.46	4.43	4.44
Tonsils requiring Operative Treatment...	51	38	26	26	9	17	—	1	86	82	168
Percentage ...	1.71	1.31	0.95	0.97	0.39	0.71	—	0.38	1.04	1.00	1.02
Glands—											
Requiring Observation	99	52	31	22	7	2	—	—	137	76	213
Percentage ...	3.31	1.79	1.13	0.82	0.30	0.08	—	—	1.65	0.92	1.29
Requiring Operative Treatment	2	—	1	—	—	—	—	—	3	—	3
Percentage ...	0.07	—	0.04	—	—	—	—	—	0.04	—	0.02

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1946		1942		1939		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
8. Eyes—											
External Diseases—											
Blepharitis ...	19	11	19	11	23	13	—	1	61	36	97
Percentage ...	0.64	0.38	0.69	0.41	0.99	0.54	—	0.38	0.74	0.44	0.59
Conjunctivitis ...	3	4	5	2	1	—	—	—	9	6	15
Percentage ...	0.10	0.14	0.18	0.07	0.04	—	—	—	0.11	0.07	0.09
Corneal Opacities ...	—	—	1	—	—	—	—	1	1	1	2
Percentage ...	—	—	0.04	—	—	—	—	0.38	0.01	0.01	0.01
Squint ...	81	76	36	37	15	15	—	1	132	129	261
Percentage ...	2.71	2.62	1.31	1.38	0.65	0.63	—	0.38	1.59	1.57	1.58
Other Diseases ...	18	17	2	8	9	8	—	—	29	33	62
Percentage ...	0.60	0.59	0.07	0.30	0.39	0.33	—	—	0.35	0.40	0.37
Visual Acuity—											
Number Examined ...	—	—	2742	2680	2322	2399	247	263	5311	5342	10653
Recommended for Refraction—											
Defective Vision—											
Fair ...	—	—	104	91	93	106	24	15	221	212	433
Percentage ...	—	—	3.79	3.40	4.01	4.42	9.73	5.71	4.16	3.97	4.06
Bad ...	—	—	69	73	56	75	8	10	133	158	291
Percentage ...	—	—	2.52	2.72	2.41	3.13	3.24	3.80	2.50	2.96	2.73

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1946		1942		1939		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Number Examined	2991	2899	2742	2680	2322	2399	247	263	8302	8241	16,543
9 Ears—											
Otorrhoea ...	9	17	7	4	14	13	1	1	31	35	66
Percentage ...	0.30	0.59	0.26	0.15	0.60	0.54	0.40	0.38	0.37	0.42	0.40
Other Diseases ...	6	2	6	5	4	3	1	—	17	10	27
Percentage ...	0.20	0.07	0.22	0.19	0.17	0.13	0.40	—	0.20	0.12	0.16
Defective Hearing—											
Grade I. ...	5	4	9	4	6	4	1	—	21	12	33
Percentage ...	0.17	0.14	0.33	0.15	0.26	0.17	0.40	—	0.25	0.15	0.20
Grade IIa. ...	4	—	14	11	7	13	—	—	25	24	49
Percentage ...	0.13	—	0.51	0.41	0.30	0.54	—	—	0.30	0.29	0.30
Grade IIb. ...	1	4	1	3	—	1	1	—	3	8	11
Percentage ...	0.03	0.14	0.04	0.11	—	0.04	0.40	—	0.04	0.10	0.07
Grade III. ...	—	—	—	—	—	—	—	—	—	—	—
Percentage ...	—	—	—	—	—	—	—	—	—	—	—
10. Speech—											
Defective Articulation	37	24	7	4	4	—	—	2	48	30	78
Percentage ...	1.24	0.83	0.26	0.15	0.17	—	—	0.76	0.58	0.36	0.47
Stammering ...	3	1	1	—	1	1	—	—	5	2	7
Percentage ...	0.10	0.03	0.04	—	0.04	0.04	—	—	0.06	0.02	0.04

TABLE II.—*Continued.*School Medical Service—Systematic Examinations—*Continued.*

<i>Nature of Defect.</i>	<i>Entrants.</i>		1946		1942		1939		<i>All Ages.</i>		<i>Total at all ages.</i>
	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	
11. Mental and Nervous Conditions—											
Backward ...	—	—	—	—	—	—	—	—	—	—	—
Percentage ...	—	—	—	—	—	—	—	—	—	—	—
Dull (Intrinsically) ...	7	—	2	1	—	1	—	—	9	2	11
Percentage ...	0.23	—	0.07	0.04	—	0.04	—	—	0.11	0.02	0.07
Mentally Defective (Educatable) ...	3	2	9	5	12	—	—	—	24	7	31
Percentage ...	0.10	0.07	0.33	0.19	0.52	—	—	—	0.29	0.08	0.19
Mentally Defective (Ineducable) ...	1	—	—	—	—	—	—	—	1	—	1
Percentage ...	0.03	—	—	—	—	—	—	—	0.01	—	0.006
Highly Nervous ...	5	8	10	4	1	8	1	—	17	20	37
Percentage ...	0.17	0.28	0.36	0.15	0.04	0.33	0.40	—	0.20	0.24	0.22
Difficult in Behaviour ...	9	9	3	3	—	—	—	—	12	12	24
Percentage ...	0.30	0.31	0.11	0.11	—	—	—	—	0.14	0.15	0.15
12. Circulatory System—											
(a) Organic Heart Disease—											
Congenital ...	12	8	4	11	4	9	—	—	20	28	48
Percentage ...	0.40	0.28	0.15	0.41	0.17	0.38	—	—	0.24	0.34	0.29
Acquired ...	—	2	2	1	2	4	—	—	4	7	11
Percentage ...	—	0.07	0.07	0.04	0.09	0.17	—	—	0.05	0.08	0.07
(b) Functional Conditions											
Functional Conditions ...	7	13	6	5	10	19	1	1	24	38	62
Percentage ...	0.23	0.45	0.22	0.19	0.43	0.79	0.40	0.38	0.29	0.46	0.37

TABLE II.—Continued.

School Medical Service—Systematic Examinations.—Continued.

Nature of Defect.	Entrants.		1946		1942		1939		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
13. Lungs—											
Chronic Bronchitis	15	9	4	2	5	4	—	—	24	15	39
Percentage	0.50	0.31	0.15	0.07	0.22	0.17	—	—	0.29	0.18	0.24
Suspected Tuberculosis	—	1	—	—	1	2	—	1	1	4	5
Percentage	—	0.03	—	—	0.04	0.08	—	0.38	0.01	0.05	0.03
Other Diseases	35	26	22	7	14	10	1	—	72	43	115
Percentage	1.77	0.90	0.80	0.26	0.60	0.42	0.40	—	0.87	0.52	0.70
14. Deformities—											
Congenital	19	13	7	11	5	3	—	1	31	28	59
Percentage	0.64	0.45	0.26	0.41	0.22	0.13	—	0.38	0.37	0.34	0.36
Acquired (Poliomyelitis)	13	5	8	5	4	2	—	—	25	12	37
Percentage	0.43	0.17	0.29	0.19	0.17	0.08	—	—	0.30	0.15	0.22
Acquired (probably Rickets)	10	—	3	2	5	1	—	1	18	4	22
Percentage	0.33	—	0.11	0.07	0.22	0.04	—	0.38	0.22	0.05	0.13
Acquired (Other Causes)	18	14	21	15	14	17	2	2	55	48	103
Percentage	0.60	0.48	0.77	0.56	0.60	0.71	0.81	0.76	0.66	0.58	0.62
15. Infectious Disease	1	3	1	—	1	—	—	—	3	3	6
Percentage	0.03	0.10	0.04	—	0.04	—	—	—	0.04	0.04	0.04
16. Other Diseases or Defects	188	128	84	93	75	84	3	8	350	313	663
Percentage	6.29	4.42	3.06	3.47	3.23	3.50	1.21	3.04	4.22	3.80	4.01

TABLE III.—SCHOOL MEDICAL SERVICE—SUMMARY OF SYSTEMATIC EXAMINATIONS.

Entrants.		1946		1942		1939		Total.
Number Examined	...	5890		5422		510		16,543
		No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	% of the Children examined in this Group.
1. Children Free from Defects...	4095	69.52	70.81	3444	72.95	376	73.72	71.05
2. Children otherwise Free from Defects who Suffer from—								
(a) Defective Vision not worse than 6/12 in the better Eye with or without Glasses, or	10	0.17	8.41	425	9.00	67	13.14	5.79
(b) Oral Sepsis, etc.	129	2.19	1.44	58	1.23	6	1.18	1.64
(c) Both (a) and (b)	—	—	0.07	3	0.06	1	0.19	0.05
Total ...	139	2.36	9.92	486	10.29	74	14.51	7.48
3. Children suffering from ailments (other than those mentioned in 2) from which complete recovery is anticipated within a few weeks ...	872	14.81	8.76	313	6.63	21	4.12	10.16

TABLE III.—School Medical Service—Summary of Systematic Examinations—Continued.

Number Examined	Entrants.		1946		1942		1939		Total.	
	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.
4. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in 2 or 3, distinguishing cases—										
(a) Where complete cure or restoration of function (in the case of eye defect full correction) is considered possible ...	693	11.77	464	8.56	365	7.73	26	5.10	1518	9.36
(b) Where improvement only is considered possible, e.g., without complete restoration of function ...	91	1.54	106	1.95	113	2.40	13	2.55	323	1.95
Total ...	784	13.31	570	10.51	478	10.13	39	7.65	1871	11.31
Total Number of Children Examined	5890	100%	5422	100%	4721	100%	510	100%	16,543	100%

TABLE IV.

SCHOOL MEDICAL SERVICE—RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

<i>Disability.</i>		<i>At Ordinary School.</i>	<i>At Special School or Classes.</i>	<i>In Hospital or Institution.</i>	<i>At No School or Institution.</i>	<i>Total.</i>
1. Blind	... ..	—	10	—	2	12
2. Partially Sighted—						
(a) Refraction errors in which the curriculum of an Ordinary School would adversely affect the Eye Condition ...		39	—	—	—	39
(b) Other conditions of the Eye, <i>e.g.</i> , Cataract, Ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school		11	—	—	—	11
3. Deaf—						
Grade I.		460	—	—	—	460
Grade IIa.		383	—	—	—	383
Grade IIb.		15	28	—	—	43
Grade III.		—	44	—	—	44

School Medical Service—Return of all Exceptional Children of School Age in the Area—Continued.

Disability.		At Ordinary School.	At Special School or Classes.	In Hospital or Institution.	At No School or Institution.	Total.
4. Defective Speech—						
(a) Defects of Articulation requiring Special Educational Measures		165	—	—	—	165
(b) Stammering requiring Special Educational Measures ...		53	—	—	—	53
5. Mentally Defective (Children between 5 and 16 Years)—						
(a) Educable (I.Q., approx. 50-70)		141	218	14	10	383
(b) Ineducable (I.Q., generally less than 50)		—	21	26	110	157
6. Epilepsy—						
(a) Mild and Occasional... ..		46	2	—	—	48
(b) Severe (suitable for care in a Residential School) ...		2	2	—	—	4
7. Physically Defective (Children between 5 and 16 Years)—						
(a) Non-Pulmonary Tuberculosis (excluding Cervical Glands)		24	2	5	2	33
(b) General Orthopaedic Conditions		305	15	12	7	339
(c) Organic Heart Disease		104	3	—	2	109
(d) Other Causes of Ill Health... ..		30	10	—	2	42

TABLE V.

Dental Inspection and Treatment.

(a) Inspection—

Number of Children Inspected	...	...	...	18,188
Number of Children requiring Treatment	...	...	...	12,972
Number of Children for whom Parents accepted Treatment by School Dentist	...	...	...	5,975
Number of Children not requiring Treatment	...	...	...	5,216
Number of Children for whom Parents stated the Children would be Treated Privately	...	...	...	6,687
Number of Children whose Parents decided to take no action	...	...	...	310
Number of Children Examined as Special or Emergency Cases	...	...	...	46
Number of Children accepting Treatment as Special or Emergency Cases	...	...	...	45
Number of Children treated as Special or Emergency Cases	...	...	...	45

(b) Treatment—

Number of Children Treated	...	...	...	7,637
Number of Extractions (Temporary Teeth)	...	...	...	5,669
Number of Extractions (Permanent Teeth)	...	...	...	1,832
Number of Fillings (Temporary Teeth)	...	...	...	1,154
Number of Fillings (Permanent Teeth)	...	...	...	11,219
Number of Dentures	...	...	...	93
Number of Crowns	...	...	...	5
Number of Root Treatments	...	...	...	11
Number of Scalings	...	...	...	553
Number of Other Operations (Temporary Teeth)	...	...	...	1,592
Number of Other Operations (Permanent Teeth)	...	...	...	11,871
Number of Emergency Cases	...	...	...	45
Number of Extractions (Temporary Teeth)	...	...	...	43
Number of Extractions (Permanent Teeth)	...	...	...	5
Number of Cases X-Rayed	...	...	...	403

Orthodontics—

New Cases	...	...	...	...	453
Undergoing Treatment	...	...	...	...	493
Completed	...	...	...	...	189

